



28 West 44th Street, Suite 501, New York, NY 10036

INSTRUCTIONS

- Make all checks payable to Alliance for Lupus Research or ALR.
 - Include your walker ID# under the signature line of your check.
 - For more information, call our ALR Walk hotline: 1-866 WALK ALR (1-866-925-5257) or email: walks@lupusresearch.org.
 - On the list below, do not include online donations. All walkers are encouraged to collect their sponsors donations in advance and to bring them to the ALR Walk in this envelope.
- *(Please convert all cash into one check.)*

All ALR Walkers raising \$100+ will receive an ALR Walk T-shirt!

EACH PARTICIPANT MUST READ AND SIGN BELOW.

WAIVER: I, the undersigned, agree to indemnify and hold harmless the Alliance for Lupus Research (ALR) from all cost, expense and liability arising out of my or my child's participation in this event to benefit the ALR. I do hereby waive all claims for damage or loss to me or my child's person or property that may be caused by an act, or failure to act, by ALR, its officers, agents or employees arising directly or indirectly from my or my child's participation in this event; and I hereby assume liability for any loss, damage or other liability from such event. I grant full permission for organizers to use photo, videos, film or any other record of this event in which I may appear for any legitimate purpose. Participants under 18 must have this form signed by a parent or guardian.

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN _____

DATE _____

CONTRIBUTION ENVELOPE

PERSONAL INFORMATION

Mr. Ms. Mrs.

FIRST NAME _____ LAST NAME _____

EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

ALR WALKER STATUS

Individual Walker Team Member Virtual Walker Volunteer

ALR WALK LOCATION

TEAM NAME _____

TEAM CAPTAIN _____

ALR WALKER ID # – IMPORTANT!

- Adult Child Male Female
- I have lupus.
- A family member has lupus.
- A friend or friend's family is touched by lupus.
- I work professionally with those touched by lupus.



	NAME	ADDRESS	EMAIL	MATCHING GIFT (Y/N)	CHK#	AMOUNT
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
	AMOUNT DONATED BY COMPANY MATCHING GIFT PROGRAM(S)			\$		
	TOTAL AMOUNT ENCLOSED			\$		