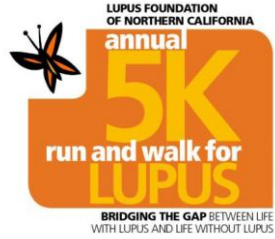




**LUPUS**  
FOUNDATION OF  
NORTHERN CALIFORNIA

*Eighteenth Annual 5K Run and Walk for Lupus  
Sunday, June 10, 2012, West Valley College*



Team Name: \_\_\_\_\_

Team Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

2635 N. First Street, Suite 211  
San Jose, CA 95134  
408-954-8600  
www.lfnc.org

	Sponsor's Name	Street Address, City, State, Zip	Phone Number & Email	Donation	Cash	Check	Charge
<b>1</b>			( )				
<b>2</b>			( )				
<b>3</b>			( )				
<b>4</b>			( )				
<b>5</b>			( )				
<b>6</b>			( )				
<b>7</b>			( )				
<b>8</b>			( )				
<b>9</b>			( )				
<b>10</b>			( )				

Please make checks payable to Lupus Foundation of Northern California

Please **mail or bring** this completed form with collected donations to the LFNC office by **Thursday, May 31**, or **bring it to the Run/Walk on June 10**. The Team

Donation Table will be staffed from 8:00 a.m. Donations benefit the LFNC's health education and support services and are fully tax deductible as the law allows.

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	<i>Sponsor's Name</i>	<i>Street Address, City, State, Zip</i>	<i>Phone Number &amp; Email</i>	<i>Donation</i>	<i>Cash</i>	<i>Check</i>	<i>Charge</i>
<b>11</b>			( )				
<b>12</b>			( )				
<b>13</b>			( )				
<b>14</b>			( )				
<b>15</b>			( )				
<b>16</b>			( )				
<b>17</b>			( )				
<b>18</b>			( )				
<b>19</b>			( )				
<b>20</b>			( )				
				<b>Totals:</b>			

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