



**I want to become a member of  
Lupus Foundation New England.**

Please print and complete this form and send it to:

**Lupus Foundation New England**

40 Speen Street, Suite 205  
Framingham, MA 01701-1898

Name:

Address:

City:

State:

Zip:

Phone:

email:

Please charge  
my credit card:

- AMEX  
 Discover  
 MasterCard  
 Visa

Card Number

Expiration  
mm/yyyy

Signature

A minimum, tax-deductible donation of \$25.00 is requested for membership.  
Courtesy memberships are available in case of financial need.

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