

**Lupus Awareness Car Magnet  
Order Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Quantity \_\_\_\_\_ Total\$ \_\_\_\_\_

Visa  MasterCard  American Express  Cash  Check

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

*Mail to:  
Lupus Foundation of America  
3730 Kirby Drive, Suite 720  
Houston, TX 77098  
Attn: Tania Saldierna*

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