



Donation Form

We are committed to serving the Long Island/Queens community as the only agency located here that helps those living with lupus in our area.

If you would like to make a donation to our organization to help us further our cause, please use the form below.

Name: _____ Date: _____

Address _____ City: _____

State: _____ Zip: _____ Phone: _____

E-Mail: _____

Amount of Donation: \$ _____

Credit Card # _____ Exp Date _____

Name on Card: _____

CVV#: _____

If the address given above is not the BILLING address, please add the billing address here:

Mail to: (If enclosing a check, please write check to: The Lupus Alliance of LIQ

The Lupus Alliance of LIQ

3366 Park Ave, Suite 212

Wantagh, NY 11793