

# 'Conquer Lupus' Pin Order Form

Please send \_\_\_\_\_ 'Conquer Lupus' pins  
to the address listed below.

I have enclosed payment of \$3.00 per pin.



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ **Total Amount Enclosed:** \_\_\_\_\_