



Lilly Diabetes Journey Awards™ Program

Program Overview

The Lilly Diabetes Journey Awards™ program, formerly known as LillyforLife, recognizes diabetes patients in the United States who have successfully managed their disease with the help of insulin for 25, 50, or 75 years or more. Since 1974, Lilly has presented more than 2,500 medals to people affected by diabetes who have continued to use insulin. These individuals serve as an inspiration to all people affected by diabetes, for learning how to manage their disease and adapting to the ever-changing technology of diabetes care throughout their diabetes journey.

Terms and Conditions

To apply for a Lilly Diabetes Journey Award, please submit a completed application and mail it to the specific address listed below. Forms faxed, e-mailed or sent to a different address or incomplete applications will not be processed. Additional forms are available by calling toll free 1-888-545-5115, or by visiting www.lillydiabetes.com. Once your application is received, please expect 4-6 weeks for processing. At that time you will receive a signed letter from the CEO of Eli Lilly and Company as well as an engraved medal for your continued success on insulin therapy. In the meantime, should you have any questions please call 1-888-545-5115.

The sponsor, Lilly USA, LLC, holds no responsibility for entries that are lost, damaged, delayed or not received. Award honorees may be asked to take part in publicity events, and their photographic likenesses may be used for activities associated with the Lilly Diabetes Journey Awards program or other Lilly non-advertising initiatives.

Submit to: Lilly Diabetes Journey Awards Administrator
1427 W. 86th St, #218
Indianapolis, IN 46260
Phone: 1-888-545-5115



Lilly Diabetes Journey Award™ Application

Please check the box next to the award you are applying for and fill out the contact information as specified:

- 25-Year Medal
- 50-Year Medal
- 75-Year Medal

Please note: This is a United States-only based program

Name _____
(Please include maiden name, if applicable)

Gender: Male Female

Address _____
(Please note: P.O. Box addresses cannot be processed)

City _____ State _____ Zip Code _____

Phone (____) _____

Date of diabetes diagnosis _____

Date of first insulin therapy _____ Has insulin been taken continuously since this date? Yes No

Subject to approval of the award, please indicate the way your name should appear when engraved on the medal.
(Limit of 20 letters and spaces. Please print clearly.)

How did you hear about the Lilly Diabetes Journey Awards program? _____

By signing and submitting this application, I give consent for Lilly USA, LLC and its agents to contact me concerning potential opportunities to share my story or to provide additional information concerning the Lilly Diabetes Journey Awards.

Applicant's signature _____ Date _____

If at any time you choose to rescind your consent for future contact, please notify the Lilly Diabetes Journey Awards Administrator at the address or phone number listed above.

Please mail your completed application to:
Lilly Diabetes Journey Awards Administrator
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Indianapolis, IN 46260