

**CONTACT INFORMATION**

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**PLEASE ACCEPT MY GIFT OF:**

ONE TIME:  \$50  \$100  \$500  \$1,000  Other: \_\_\_\_\_

MONTHLY:  \$ \_\_\_\_\_ per month.

*Please note monthly donations are withdrawn on the 1<sup>st</sup> of each month*

**PAYMENT INFORMATION**

Cheque enclosed, made payable to the Arthritis Research Canada

Pre Authorized withdrawal (I have enclosed a void cheque).

Visa

MasterCard

Amex

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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**PREFERENCES**

A gift of \$1,000 or more distinguishes you as a member of our Fellows Circle Giving Program. Please indicate how you wish your name to appear in our recognition:

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 Please send to my email address listed above.