

I want to make a difference and support arthritis research!

CONTACT INFORMATION			
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If company donation, please also provide a	contact name		
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Preferred form of contact:	Phone	□ Email	■Mail
PLEASE ACCEPT MY GIFT OF:		_	
ONE TIME: \$\int \\$50 \\$100 \\$500 \\$1,000 \text{Other:} \text{Other:}			
MONTHLY: \$ per month.			
Please note monthly donations are withdrawn on the 1st of each month			
			<u> </u>
PAYMENT INFORMATION			
Cheque enclosed, made payable to the Arthritis Research Canada			
Pre Authorized withdrawal (I have enclosed a void cheque).			
☐ Visa ☐ MasterCa	rd [Amex	
Card #:		Expiry Date:	
Name:			
Signature:			
PREFERENCES A gift of \$1,000 or more distinguise Program. Please indicate how y			
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