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arthritis research!***

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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Please note monthly donations are withdrawn on the 1st of each month

PAYMENT INFORMATION

Cheque enclosed, made payable to the Arthritis Research Canada

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

Visa

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PREFERENCES

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

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Yes, I would like to subscribe to Arthritis Research Canada's quarterly eNewsletter.
Please send to my email address listed above.

Arthritis Research Canada

230-2238 Yukon Street, Vancouver, BC, V5Y 3P2

Phone: 604-207-4013 Fax: 604-207-4059 Email: info@arthritisresearch.ca

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