



**Canadian Arthritis Patient Alliance**  
 experience · perspective · voice

I am enclosing a donation of \$ \_\_\_\_\_

Please print:  
 First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_  
 Country: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cheque  Money order  
 Payable to: Canadian Arthritis Patient Alliance

Type of donation:  General donation  Memorial donation  In Honour of:

Gift in memory of: \_\_\_\_\_  
 (name of deceased)

Gift in Honour of: \_\_\_\_\_  
 (name of individual)

Send acknowledgment card to:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

How would you like the card to be signed? \_\_\_\_\_  
 (name or names)

Thank you for supporting the work of the Canadian Arthritis Patient Alliance.

Please mail this form to:

Canadian Arthritis Patient Alliance  
 522 University Ave. Suite 1002  
 Toronto, ON M5G 1W7  
 Attention: Jason Mail