

The Arthritis Foundation thanks you for joining the fight against arthritis.



CASH RECEIPT FORM

Do you have arthritis? Yes No

Corporate matching funds available? Yes No

() Dr. () Mr. () Mrs. () Ms. () Miss

Name _____

Home Address _____

City, State, Zip _____

Home Phone _____

E-mail Address _____

For arthritis information
visit www.arthritis.org

This donation represents a **cash** contribution for:

Participant's Name: _____

Amount Received \$ _____

Date Received _____

Received by: _____

Team Name (if applicable) _____

Arthritis Foundation – White • Donor – Yellow

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