



## “You’re My Hero”

### *Honor Someone Special You Know Who Lives with Arthritis*

The **Arthritis Walk** is not only a fund-raiser but is also a platform for awareness and recognition. We invite you to recognize someone you know on the *Mile of Heroes*.

#### ***What is the Mile of Heroes?***

*The Mile of Heroes* is a one-mile section of the Arthritis Walk route. This mile is dedicated to those who have been affected by arthritis. Family and friends are invited to purchase a marker along this mile to honor their “hero.” Markers can recognize individuals living with arthritis or those who have passed away. Markers can also recognize the special people that make living with arthritis easier, such as doctors, healthcare professionals, or support group and exercise leaders.

The cost of a “You’re My Hero” marker is **\$10** and will be placed on the route the morning of the walk.



**\*\*The Hero Markers will be printed in color\*\***



**YES! I would like to honor the following hero:**

Name: \_\_\_\_\_

**Donor Information:**

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone (Daytime): \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Personal Quote:**

(Note: Space is limited to a 15 word max. Quotes exceeding space will be altered.)

Examples: "We're so proud of you. Love, Mom & Dad" or "Thanks for your support Doc!"

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**I would like to purchase \_\_\_\_\_Hero Marker(s). (\$10 each)**

Enclosed is a check in the amount of \$\_\_\_\_\_ made payable to the Arthritis Foundation.

Please charge my credit card in the amount of \$\_\_\_\_\_

\_\_\_\_\_ Master Card    \_\_\_\_\_ Visa    \_\_\_\_\_ American Express

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Card #\_\_\_\_\_

Signature: \_\_\_\_\_

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Forms MUST be RECEIVED at the Arthritis Foundation no later than May 8, 2009.  
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**Please mail or fax form and payment to:**

Attn: Lindsey Kumlien  
Arthritis Foundation  
1902 Minnehaha Ave. W.  
St. Paul, MN 55104  
P: 651.917.3056 ext. 117  
F: 651.644.4219