

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

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

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