



## JOIN THE TEAM FOR A CURE! 2012 ARTHRITIS WALK COMMITMENT FORM

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

Company or Organization Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

I am committed to helping make the Arthritis Walk a success.  
Here is how I'd like to help!

I'll appoint a leader in my organization to organize a walk team.

Please contact \_\_\_\_\_ at (phone) \_\_\_\_\_

My company will be a sponsor of the 2012 Arthritis Walk.

Please contact \_\_\_\_\_ at (phone) \_\_\_\_\_

I would like someone from the Arthritis Foundation to speak to my organization.

Please contact \_\_\_\_\_ at (phone) \_\_\_\_\_

I would like to make a donation in the amount of \$\_\_\_\_\_.

Because of your commitment the Arthritis Foundation will be able to provide education, literature, and programs & services AND research dollars to help find the cure. Your support does help improve the quality of life for those affected with arthritis and their families.

Please complete and return to:

Tara Braucht  
Arthritis Foundation  
108 Boeykens Dr.  
Normal, IL 61761  
Phone: 309-451-0785  
Fax: 309-454-5769  
[tfunk@arthritis.org](mailto:tfunk@arthritis.org)