



JOIN THE TEAM FOR A CURE!
2013 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 2013 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:
Paula Reeves
Arthritis Foundation
4501 W DeYoung - Suite B 104
Marion, Illinois 62959
Phone: 618-993-1777 Fax: 618-993-1779
preeves@arthritis.org