DONATION RECORD

Raise money and win prizes!! Prizes will be awarded to highest fundraisers.

You are encouraged to raise money in support of The Arthritis Society by running or walking the course on race day.
You may choose to collect donations for yourself, sponsor someone else or make a donation to The Arthritis Society.

Race Participant's First Name ____ Initial ____ Last Name ____ Age ____

Telephone (Residence) ____

Company/Team Name (If Applicable) ____

Telephone (Business) ____

Address ____ Postal Code ____

Email Address ____

Name of Donor (First Initial, Last Name)	Address (Include City)	Postal Code	Telephone	Donation
			Total this page	
			Total Verified (initial)	

All cheques are made payable to: The Arthritis Society

Charitable Reg.No. 10807-1671-RR0007

Tax Receipts will be issued for amounts of $10 or more, prior to February 28.

ALL PROCEEDS TO THE ARTHRITIS SOCIETY

Payment Type: Cash $ ____ Cheque $ ____

Visa/Mastercard/Amex $ ____ Card # ____ Expiry Date ____ Signature ____

Privacy Statement: In recognition of the unique commitment you have made to The Arthritis Society, you will be pleased to know that your personal information won't be sold or traded. We maintain records of all contributions to The Arthritis Society for the purpose of distributing education, research and campaign information. All information is kept private and confidential and stored in a secure location.