

ARTHRITIS FOUNDATION OF WA

YES! I WOULD LIKE TO HELP

Thank you! Your gift really does help

Title	Family Name
Given Names	
Address	
Email	Post Code
Telephone (H)	Date of birth
(W)	

My gift is enclosed \$25 \$50 \$75 \$100 Other \$ _____

Or charge my    Card No.

Help us to provide a better service. What type of arthritis do you have?

Signature	Expiry Date
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Donations are tax deductible. Every gift is appreciated - Thank-you. Please post to: Reply Paid AAA No.12 Arthritis Foundation of WA PO Box 34 Wembley WA 6913