



Arthritis Foundation, Great Lakes Region

Please add my name to the Arthritis Foundation mailing list to receive information about upcoming educational and fun events as well as educational materials about juvenile arthritis.

Parents Names: _____

Child's Name: _____

Address: _____

Phone Number: _____ Email: _____

What type of arthritis does your child have? _____

What is your child's birth date? _____

Please check any free materials that you would like to receive:

- Brochure: Arthritis in Children
- Brochure: When Your Student Has Arthritis
- Kids Get Arthritis Too Newsletter

Comments: _____

The mission of the Arthritis Foundation is to improve lives through leadership in the prevention, control and cure of arthritis and related diseases.

Mail or fax this form to:
Arthritis Foundation
Foster Plaza #11
790 Holiday Drive
Pittsburgh, PA 15220
Fax: 412-539-1182