



## Corporate Matching

If your employer has a corporate matching gift program please complete this form and provide the original to your company representative. Please make cheques payable to Arthritis Research Foundation. Charitable Registration # 11929-0773-RR0001.

### Participant Details (please print)

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

Event Location: \_\_\_\_\_

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

Team Name (if applicable): \_\_\_\_\_

Total Amount of Matching Gift: \$ \_\_\_\_\_

Special Instructions: \_\_\_\_\_

### Organization Details (please print)

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

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

Daytime Phone Number: \_\_\_\_\_

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

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

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

Company Representative Signature: \_\_\_\_\_

### Please mail the completed form and payment to:

Power of Movement  
Arthritis Research Foundation  
1001-522 University Ave.  
Toronto, ON M5G 1W7

If you have question or would like more information on giving opportunities, please contact Charlene Spiteri at 416-586-4800 Ext 5155 or [charlene.spiteri@sinaihealthsystem.ca](mailto:charlene.spiteri@sinaihealthsystem.ca)

***Thanks for your support!***

Check us out!

[powerofmovement.ca](http://powerofmovement.ca)

 [@powerofmovement](https://twitter.com/powerofmovement)

 [Power of Movement](https://www.facebook.com/PowerofMovement)