

Join the Spondylitis Association of America Today

Please enter your information in the spaces below

Name: _____

Company or Organization: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone Number: _____ E-mail: _____

I would like to join SAA at the following level *(All totals are in U.S. dollars)*

- | | | | |
|--|--|----------------------------------|---|
| <input type="checkbox"/> \$35 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> Other \$ _____ |
| <input type="checkbox"/> \$40 <i>(Canada & Mexico minimum)</i> | <input type="checkbox"/> \$50 <i>(Other International minimum)</i> | | |

Payment methods

- VISA MASTERCARD American Express
- Card # _____ Expiration _____

Name of Cardholder: _____

Please check all that apply

- | | |
|---|---|
| <input type="radio"/> I have AS | <input type="radio"/> I have Psoriatic Spondylitis |
| <input type="radio"/> I have IBD/Crohn's | <input type="radio"/> I have Reactive Arthritis / Reiter's Syndrome |
| <input type="radio"/> I have Undifferentiated SpA | <input type="radio"/> I have none of the above |
| <input type="radio"/> I am related to a person with one of the above conditions | |

My gift is in honor of: in memory of: _____

Donate by Mail

SAA
PO Box 5872
Sherman Oaks, CA 91413

Donate by FAX

FAX #: 818-981-9826

Donate by Phone

Office: 800-777-8189

Note: If you would like to donate by check, please print this form and mail it back to us. Checks should be made out to *Spondylitis Association of America* or *SAA*. Foreign checks must be in U.S. funds and drawn on a U.S. bank.

Thank you for supporting the Spondylitis Association of America!