

# ARTHRITIS CARE CHALLENGING PAIN



ARTHRITIS CARE

## I. YOUR DETAILS

Please print in block capitals

Mr/Mrs/Miss/Ms (*delete as appropriate*)

First Name:

Surname:

Address:

Postcode:

Tel. No:

## 2. ORDER

Quantity  at £5 each

Total £

I enclose a cheque made payable to  
Arthritis Care England for the value of

£  please tick

Please return your completed form to  
**Arthritis Care England CPCD**  
**Floor 4 Linen Court**  
**10 East Road**  
**London**  
**NI 6AD**

