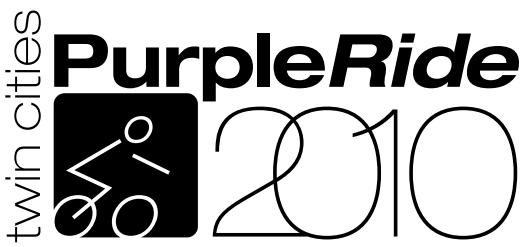
DONATION FORM

You can also donate online safely and securely:
www.pancan.org/purpleride



Rider name: _____

Team name: _____

Donation amount

☐ $25 ☐ $50 ☐ $100 ☐ $250 ☐ $500 ☐ Other $ _____

Payment method

☐ **Credit card** Please circle one: Visa MC AmEx Disc Card # _____

Exp. date _____ CID _____ Signature _____

Name as it appears on card _____

☐ **Check*** Check # _____ Check date _____

**Please make checks payable to the Pancreatic Cancer Action Network and include participant name and "PurpleRide" in the memo.*

☐ **Cash**

Dedication

☐ _____

Dedication text: Write above how you would like your donation to be listed on the website. For example, "In honor (or memory) of Aunt Sue."

Donor information

LAST NAME **FIRST NAME** **MIDDLE**

STREET ADDRESS **CITY** **STATE** **ZIP**

PHONE NUMBER **EMAIL ADDRESS**

Thank you for your generous support!

Please mail completed form and donation to:

Pancreatic Cancer Action Network
Attn: PurpleRide
2141 Rosecrans Avenue #7000
El Segundo, CA 90245

PANCREATIC CANCER ACTION NETWORK

NATIONAL HEADQUARTERS
2141 Rosecrans Ave., Ste 7000, El Segundo CA 90245
Toll Free 877-272-6226 | P 310-725-0025 | F 310-725-0029
WWW.PANCAN.ORG

TWIN CITIES AFFILIATE
4000 W. 25th St., Mpls., MN 55416
P 952-929-1235
WWW.PURPLERIDE.ORG

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