



**PANCREATIC CANCER ACTION NETWORK®**  
ADVANCE RESEARCH. SUPPORT PATIENTS. CREATE HOPE.

## Donation Form

For more information call 877-2-PANCAN

Please print and complete the form below. Make checks payable to Pancreatic Cancer Action Network and send to:

**Pancreatic Cancer Action Network**  
**1500 Rosecrans Ave, Suite 200**  
**Manhattan Beach, CA 90266**

Name \_\_\_\_\_ Mr, Mrs, Ms, Other \_\_\_\_\_

Company or Organization (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

This donation is:

- ☐ In honor of \_\_\_\_\_  
☐ In memory of \_\_\_\_\_

☐ Yes, I want an acknowledgement letter sent to the following individual:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ I want to donate monthly. Please charge my credit card for the same amount each month for the next 12 months.

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Donation Amount \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CID<sup>§</sup> \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

☐ I do not wish to receive news and other information from the Pancreatic Cancer Action Network

Note: Many employers will match your personal donation to Pancreatic Cancer Action Network. Check with your company for more information on matching gift programs. Pancreatic Cancer Action Network, Inc. (PanCAN) is a 501(c)(3) non-profit corporation. Federal Tax ID #33-0841281.

<sup>§</sup>CID is located on back of the card next to the signature, or if AMEX, on the front above the card number.