



PanCAN's Marathon Team
Running Together for a Cure
Personalized Donation Form

Runner/ Walker's Name: _____ Phone: _____

Event: *America's Finest City Half Marathon and 5K Race*
August 14, 2005
San Diego, CA

Payment Information

This is a:

- Monthly Contribution of \$ _____ (per month) for _____ months.
- One-time Contribution of \$ _____
- I will check with my employer in regards to a Corporate Matching Gift Program.

Required Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ (Eve) _____

Check # _____ (Please make payable to PanCAN)

Visa Mastercard American Express

Credit Card No. _____ Exp. Date _____

Signature (as it appears on the card) _____

City _____ State _____ Zip _____

*Please send payments to the Runner/Walker you are sponsoring.
If you have any questions or concerns regarding this form, please contact the
Pancreatic Cancer Action Network (PanCAN) at 877-272-6226 or via email at
lyagiela@pancan.org