



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[§] _____

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.

[§]CID is located on back of the card next to the signature, or if AMEX, on the front above the card number.