

# PANCREATIC CANCER ACTION NETWORK<sup>SM</sup>

Donation Form  
For more information, call 877-272-6226

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., Ste. 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 \_\_\_\_\_

Yes, this donation is in honor of someone or for a special occasion.

- In honor of \_\_\_\_\_
- In memory of \_\_\_\_\_
- Your special message \_\_\_\_\_

Yes, I want an acknowledgment 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.  
(You may change or cancel your monthly gift at any time by emailing [donations@pancan.org](mailto:donations@pancan.org) or calling 877-272-6226.)

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 \_\_\_\_\_

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.