



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

Pancreatic Cancer Action Network  
 1500 Rosecrans Avenue, 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 \_\_\_\_\_

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

In honor/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 \_\_\_\_\_

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.