



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

Pancreatic Cancer Action Network
 2141 Rosecrans Ave, Suite 7000
 El Segundo, CA 90245

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.