

## **MAIL-IN DONATION FORM**

## **EVENT NAME**

## **YOUR INFORMATION**

| First Name  |                              |                     |                                       |
|---|------------------------------|---------------------|---------------------------------------|
| Last Name   |                              |                     |                                       |
| Street Address  |                              |                     |                                       |
| City  |                              | State               | Zip Code                              |
| Telephone   | E-mail                       |                     |                                       |
| Employer (optional)   |                              |                     |                                       |
| Many employers will match your donation to the Pancreatic<br>purplestride.org/matchinggifts or email matchinggifts@pa                     |                              | ditional informatio | n about matching gifts, visit         |
| $\Box$ Please confirm you are 13 years of age or old  | ler.                         |                     |                                       |
| I wish to be listed as Anonymous.   |                              |                     |                                       |
| Please do not display my donation amount.   |                              |                     |                                       |
| <b>DONATING TO</b><br>Please credit my donation to the fundraising  | g efforts of:                |                     |                                       |
| Participant/Fundraiser/Individual   |                              |                     |                                       |
| 🗌 Team Name   |                              |                     |                                       |
| OR  |                              |                     |                                       |
| This is a general event donation. Please include the name of the individual or team not be applied to an individual or team's fundraising |                              | ill not be credit   | ed to the PurpleStride event and will |
| <b>Recognition Name</b> If different from your name   | e (e.g., Smith Family; In ho | onor of John Sm     | nith)                                 |
| DONATION AMOUNT   |                              |                     |                                       |

## **PAYMENT METHOD**

\$50

\$30

**Check** (Make checks payable to Pancreatic Cancer Action Network. Write the participant and event name on the memo line.) If you would like to make a payment by credit card, please go to **purplestride.org** and click **DONATE** or call **877-272-6226**.

\$500

PLEASE MAIL COMPLETED FORM AND DONATION TO:

\$250

\$120

When donating by mail, there may be a delay of three weeks before the donation is reflected on the individual or team page to which you donated due to mailing and gift processing time.

**Pancreatic Cancer Action Network** ATTN: PurpleStride 1500 Rosecrans Ave. Suite 200 Manhattan Beach, CA 90266

\$1,000 Other: \$

The Pancreatic Cancer Action Network is registered as a 501(c)(3) nonprofit organization. Contributions to the Pancreatic Cancer Action Network are tax-deductible to the extent permitted by law. The Pancreatic Cancer Action Network's tax identification number is #33-0841281.

