



## EVENT NAME\*

*\*If the event name is not included, this donation will be credited as a general contribution to PurpleStride USA and will not be attributed to a specific team or participant.*

## DONATING TO

Please credit my donation to the fundraising efforts of:

Participant/Fundrasier Name \_\_\_\_\_  Team Name \_\_\_\_\_

OR

This is a general event donation.

Recognition Name *If different from your name (e.g., Smith Family; In honor of John Smith)*

I wish to be listed as Anonymous

Please do not display my donation amount

## DONATION AMOUNT

\$30     \$60     \$120     \$250     \$500     \$1,000     Other: \$ \_\_\_\_\_

## PAYMENT METHOD

Check *(Make checks payable to Pancreatic Cancer Action Network. Write the participant and event name on the memo line.)*

Credit Card      Please select one:     VISA     MASTER     AMEX     DISCOVERY

Card # (required) \_\_\_\_\_

Exp. Date (required) \_\_\_\_\_ CID# \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Billing Address (if different from below) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## DONOR INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer *(optional for demographic purposes only)* \_\_\_\_\_

Many employers will match your personal donation to the 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.

Please confirm you are 13 years of age or older.

## PLEASE MAIL COMPLETED FORM AND DONATION TO:

**Pancreatic Cancer Action Network**  
1500 Rosecrans Avenue, Suite 200  
Manhattan Beach, CA 90266