



DONATION FORM

EVENT NAME*

*If the event name is not included, this donation will be credited as a general contribution to the Pancreatic Cancer Action Network, and will not be attributed to any Wage Hope My Way event, team or participant.

DONATING TO

Please credit my donation to the fundraising efforts of (insert participating individual or team name):

OR

This is a general event donation.

Optional dedication text for display on participant's fundraising page:

From _____

In Honor Of In Memory Of Honoree's name: _____

I wish to be listed as Anonymous

Please do not display my donation amount

DONATION AMOUNT

\$25 \$50 \$100 \$250 \$500 \$_____

PAYMENT METHOD

CHECK Make checks payable to Pancreatic Cancer Action Network and include participant and event names.

CREDIT CARD

Please select one: VISA MC AmEx Disc

Card # (required) _____

Exp. Date (required) _____ CID# _____

Name as it appears on card _____

Billing Address (if different from below): _____

Signature _____ Date _____

CASH

DONOR INFORMATION

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Tel _____ E-mail _____

Employer (optional for demographic purposes only) _____

PLEASE MAIL COMPLETED FORM AND DONATION TO:

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

The official registration and financial information of Pancreatic Cancer Action Network may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.



Pancreatic Cancer Action Network
1500 Rosecrans Ave., Ste. 200
Manhattan Beach, CA 90266
pancan.org

twitter.com/PanCan
facebook.com/JointheFight
instagram.com/pancan

PANCAN.ORG