



# 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 PurpleStride 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

Government Affairs & Advocacy Office  
1050 Connecticut Ave. NW, 10th Floor  
Washington, DC 20036  
202 742 6699



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