



WAGE HOPE MY WAY

DONATION FORM

DONATING TO:

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

(If a fundraiser's name or team is not included, this donation will be credited as a general contribution to the Pancreatic Cancer Action Network.)

- I wish to be listed as Anonymous
- Please do not display my donation amount

Recognition Name _____

DONATION AMOUNT

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

PAYMENT METHOD

CHECK

Make checks payable to Pancreatic Cancer Action Network and include individual or team 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, Attn: Wage Hope My Way
1500 Rosecrans Avenue, Suite 200
Manhattan Beach, CA 90266

**FOR MORE INFORMATION PLEASE VISIT
PANCAN.ORG/DIY**

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.