



# 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.