

PANCREATIC CANCER AWARENESS MONTH 2018

# DONATION COLLECTION FORM

PANCREATIC  
CANCER  
ACTION  
NETWORK

Donor Name \_\_\_\_\_

Company/Organization Name \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

PurpleStride Event/Team Name (if Applicable) \_\_\_\_\_

## PAYMENT METHOD

**CHECK** *make checks payable to Pancreatic Cancer Action Network and include donor and event names. Please do not send cash.*

**CREDIT CARD** *(All fields required.)*

Please Select One:  Visa  MC  AmEx  Disc

Card# \_\_\_\_\_ CID# \_\_\_\_\_

Name as Appears on Card \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

Billing Address (if Different from Above) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**TOTAL AMOUNT ENCLOSED OR CHARGED \$** \_\_\_\_\_

## MAIL FORM AND PAYMENT TO:

Pancreatic Cancer Action Network  
Attn: November Awareness Champions  
1500 Rosecrans Avenue, Suite 200  
Manhattan Beach, CA 90266

The Pancreatic Cancer Action Network is registered as a 501©3 nonprofit organization. Contributions to the Pancreatic Cancer Action Network are tax-deductible to the extent permitted by law. The Pancreatic Cancer Action Network's tax identification number is #33-0841281.

# DEMAND BETTER

FOR PATIENTS. FOR SURVIVAL.