

YOUR INFORMATION

First Name _____ Last Name _____

This gift is from Company/Organization Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ E-mail _____

Many employers will match your donation to the Pancreatic Cancer Action Network. For additional information about matching gifts, visit pancan.org/employer-matching-gift-programs or email matchinggifts@pancan.org.

DEDICATE THIS DONATION

My donation is:

In Honor of _____

In Memory of _____

If you would like to include a personal note with the notification to the honoree or family, please enter it here:

Please send the notification to:

Name _____

Street Address _____

City _____ State _____ Zip Code _____

I have enclosed a gift of: _____

PAYMENT METHOD

Check (Make checks payable to Pancreatic Cancer Action Network.)

If you would like to make a payment by credit card, please go to pancan.org/donate or call **877-272-6226**.

Scan to Donate



PLEASE MAIL COMPLETED FORM AND DONATION TO:

To learn how to donate by electronic fund transfer, with stock, through your IRA or a donor advised fund please visit pancan.org/ways-to-give, or call the Donor Relations Team at **310-706-3307**.

Pancreatic Cancer Action Network
ATTN: Donations
1500 Rosecrans Ave. Suite 200
Manhattan Beach, CA 90266