



MAIL-IN DONATION FORM

EVENT NAME _____

YOUR INFORMATION

First Name _____

Last Name _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Telephone _____ **E-mail** _____

Employer (optional) _____

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

☐ **Recognition Name** *If different from your name (e.g., Smith Family; In honor of John Smith)* _____

☐ **I wish to be listed as Anonymous.**

☐ **Please do not display my donation amount.**

DONATING TO

Please credit my donation to the fundraising efforts of:

☐ **Participant/Fundraiser/Individual** _____

☐ **Team Name** _____

OR

☐ **This is a general event donation.**

Please include the name of the individual or team you're donating to, or it will not be credited to the PurpleStride event and will not be applied to an individual or team's fundraising goal.

DONATION AMOUNT

☐ \$35 ☐ \$50 ☐ \$75 ☐ \$125 ☐ \$250 ☐ \$500 ☐ Other: \$ _____

PAYMENT METHOD

☐ **Check** (Make checks payable to Pancreatic Cancer Action Network. Write the participant and event name on the memo line.)

If you would like to make a payment by credit card, please go to purplestride.org and click **DONATE** or call **877-272-6226**.

PLEASE MAIL COMPLETED FORM AND DONATION TO:

When donating by mail, there may be a delay of three weeks before the donation is reflected on the individual or team page to which you donated due to mailing and gift processing time.

**Pancreatic Cancer Action Network
Donation Processing Center
Attn: PurpleStride
PO BOX 5041
BOONE, IA, 50950-0041**

The Pancreatic Cancer Action Network is registered as a 501(c)(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.

purplestride.org