



Memorial Donation Form

PANCREATIC CANCER CANADA FOUNDATION
3500- 2 Bloor St. E.,
Toronto, ON M4W 1A8
1-888-pancan9 or 1-888-726-2269

Donor Information

Name - (circle) Dr. Mr. Ms. _____

Address _____

City _____ Province/State _____ Postal Code/Zip _____

Phone Number _____ Email Address _____

Donation Information

Enclosed is my gift of [] \$20 [] \$50 [] \$100 [] \$250 [] \$500 [] Other _____

* Please make cheques payable to Pancreatic Cancer Canada Foundation and mail to the above address.
A minimum gift amount for a tax receipt is \$20 - do not send cash

We also accept: [] Visa [] Mastercard [] American Express

Name on Credit Card _____ Credit Card Number _____ Exp. Date _____

CVV Number _____ This # is located on back of the card next to the signature or if AMEX, on the front above the card number

Cardholder Address _____
(if different from above)

[] Yes, this donation is in memory of someone special - _____

[] Yes, I want an acknowledgement letter sent to the following individual(s):

Name _____

Address _____ City _____

Province/State _____ Postal Code/Zip _____

We thank you for your generosity. Your donation will make a difference in the fight to end pancreatic cancer.

Our foundation is incorporated in Ontario and also federally registered as a non-profit charitable foundation. Our registration number is 84870 1967 RR0001.

Detach here -----



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