



Donation Form

Proceeds will benefit research that focuses on discovering new and better ways to diagnose and treat pancreatic cancer and improve the quality of life of people living with this disease.

Print your name clearly, as you wish it to appear on your tax receipt.

First Name Last Name

Company Name

Suite/Apt. No. Mailing Address

City Province Postal Code

Phone (Mandatory for Credit Card Payments) Email Address (To receive tax receipt by email)

Donation Amount \$ Tax receipts will be issued for donations of \$20 or more.

Payment Options:

Please make all cheques payable to: Pancreatic Cancer Canada Foundation

Credit Card: Visa MasterCard Amex

Name on Credit Card

Card Number Expiry Date

CVV # (3 or 4 digit # on front or back of card) Signature

Please mail this form with your donation to:

Pancreatic Cancer Canada | 508 - 36 Eglinton Avenue West | Toronto, Ontario M4R 1A1

If you have any questions, please contact us at 1-888-pancan9 (726-2269) or email us at info@pccf.ca

Privacy Note: The Pancreatic Cancer Canada Foundation respects your privacy. We do not trade, rent or sell the names of our valued supporters.

