



Mail In Donation Form

Your gift helps the Pancreatic Cancer Association carry out its mission to create awareness, raise funds for research and advocate for all those affected by pancreatic cancer.

I wish to memorialize, honor or other: _____

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Please send a gift acknowledgement to:
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Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____
Place a line through any zeros.

Your Donation Amount: \$ _____ Check Number: _____

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____
Place a line through any zeros.

Please add me to your mailing list.

Make check payable to: Pancreatic Cancer Association of WNY and write "ICI" in the memo area of the check.

Mail completed form and check to:
PCAWNY
PO Box 24580
Rochester, NY 14624-0580