

**Patient Access Network (PAN) Foundation
Donation Form**

Please fill out the fields below to submit a donation to the PAN Foundation. If you would like to donate by credit card or have questions, visit panfoundation.org/donors/ways-to-give or call 202-347-9272.

Your gift provides help and hope to people with life-threatening, chronic, and rare illnesses. Thank you!

Your Information

Title: Mr. Mrs. Ms. Dr. Other: _____

Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ Phone Number: _____

Donation Information

I would like to make a tax-deductible donation of:

\$25 \$50 \$100 \$1,000 Other amount: \$_____

I would like to allocate my donation to:

- Program in most need
- Oncology program in most need
- Rare disease program in most need
- Chronic disease program in most need
- Specific program: _____

Visit panfoundation.org/assistance-programs for a complete list of disease funds.

Is this gift in honor of someone? Yes No

If yes, this gift is in honor of: _____

Would you like this honorary gift to be anonymous? Yes No

If no, please inform: _____ at:

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Note: Please make checks and money orders payable to the Patient Access Network Foundation and mail to: P.O. Box 716408, Philadelphia, PA, 19171. Donors will receive an acknowledgment letter confirming donation receipt. PAN is a tax exempt, 501(c)(3) organization and does not distribute donor information to third parties.