

**Patient Access Network 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 any questions, visit [www.panfoundation.org/index.php/en/donors/ways-to-give](http://www.panfoundation.org/index.php/en/donors/ways-to-give) or call (202) 347-9272.

Your generosity brings us one step closer to providing help and hope to people with chronic or life-threatening illnesses for whom cost limits access to critical medical treatments. Thank you!

Donor Information (\*Please leave this section blank for anonymous donations)

Title:  Mr.  Ms.  Dr.  Other: Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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 a disease-specific program:

- Program in Most Need
- Oncology Program in Most Need
- Rare Diseases and Other Program in Most Need
- Chronic Disease Program in Most Need
- Specific Program: \_\_\_\_\_

Visit [www.panfoundation.org/index.php/en/patients/assistance-programs](http://www.panfoundation.org/index.php/en/patients/assistance-programs) for a complete list of disease funds.

This gift is in (circle one) memory of      honor of : \_\_\_\_\_

Please send an acknowledgement to: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Note: Checks and money orders should be payable to Patient Access Network Foundation. Please send to: Patient Access Network Foundation at 805 15<sup>th</sup> Street NW, Suite 500, Washington, DC, 20005. Donors will receive an acknowledgement to confirm donation receipt. PAN is a tax exempt, 501(c)(3) organization. PAN does not distribute donor information to third parties.