

**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](http://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](http://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 76408, Baltimore, MD, 21275-6408. Donors will receive an acknowledgement letter confirming donation receipt. PAN is a tax exempt, 501(c)(3) organization and does not distribute donor information to third parties.