

DONATION FORM

Every donation makes a meaningful Please complete this form to provide an off-line donation to the impact on pancreatic cancer research. Seena Magowitz Foundation **DONOR INFORMATION** First Name: Last Name: Email: City: Address: State: Zip: My Email My Mailing Address Phone: Please send an acknowledgement : **DONATION INFORMATION** Choose your donation frequency: Choose your donation amount: **Event** If the event name is not provided, the donation will be credited as a general contribution to the Seena One-Time \$25 \$250 Magowitz Foundation and will not be associated with any event, team, or participant. (insert event): Monthly \$50 \$500 **Donate To** Quarterly \$100 \$1,000 Please credit my donation to the fundraising efforts of (insert participating individual or team name): Annually AMOUNT : Honoree Name From I wish to be listed as Anonymous In Honor Of In Memory Of Optional dedication text: Do not display my donation amount **PAYMENT INFORMATION** I have enclosed a check. "Please make checks payable to Seena Magowitz Foundation. PO Box 4119, Arlington, VA 22204 Please call for credit card information. lauthorize the Seena Magowitz Foundation to charge the credit card below for transactions based on the donation information and frequency confirmed above. Credit Card No. : Cardholder Security Code: Exp. Date **TOTAL AMEX** VISA MC **PAY ONLINE** Signature

Please return the completed form and submit to info@seenamagowitzfoundation.org.

Foundation is 20-4751072. Please consult your tax advisor for specific tax deductibility.

We appreciate your support and remind you that your donation is TAX DEDUCTIBLE. The tax ID number for Seena Magowitz

By submitting this form, you acknowledge and agree to our privacy policy, which details how your personal information is collected, used, and protected.

We are a Pancreatic Cancer 501(c)(3) nonprofit organization that is Patient-Centric, providing a direct line to personalized care, support, and hope.