

Pat's Mac's Pack Donation Form

All Proceeds to Benefit Pediatric Cancer Research and Patient Support



Date: _____

Contact Name: _____

Business Name: _____

Address: _____

City/State/ZIP: _____

Phone: (____) _____

TYPE OF DONATION (please choose one):

- General Donation**
- Gift in memory of:** _____
- Gift in honor of:** _____

Enclosed is my check in the amount of \$_____ payable to: Pat Mac's Pack

If not a monetary donation, please describe items donated and approximate value:

We thank you for your support.

Pat Mac's Pack

10226 S. Leavitt St., Chicago, IL 60643

Pat Mac's Pack Inc. is a qualified not for profit organization under IRS Code section 501(c)(3)