**ANNUAL DONOR FORM**

**PACE PARENT SUPPORT GROUP**

|  |  |
| --- | --- |
| Date | Click here to enter text. |
| Donor Name | Click here to enter text. |
| Student’s Name | Click here to enter text. |
| Student’s Grade | Click here to enter text. |
| Billing address | Click here to enter text. |
| City, State Zip Code | Click here to enter text. |
| Phone | Click here to enter text. |
| Email | Click here to enter text. |

I am a:

Parent/Guardian Student

Alumnus, Class of Click here to enter text. Friend of PACE

|  |  |
| --- | --- |
| Donation Amount | Click here to enter text. |

For donor recognition, name should appear as:

|  |  |
| --- | --- |
|  | Click here to enter text. |

My employer will match these funds:

|  |  |
| --- | --- |
| Name of Company | Click here to enter text. |

**Thank you for your tax deductible donation!**

**Federal Tax ID #20-1801993**

Please return form to:

paceparent@gmail.com