



# Donor Form

**A gift to Pace School is a powerful investment in a better future for us all. Your donation will...**

- ◆ **enrich** educational & therapeutic experiences for students with autism and serious emotional challenges
- ◆ **help** families improve the quality of their lives
- ◆ **enable** young people become productive members of society

**Whatever your gift, you will touch the lives of deserving children.**

### Giving Levels:

\_\_\_ \$1,000 +    \_\_\_ \$500-\$999    \_\_\_ \$250-\$499    \_\_\_ \$100-\$249    \_\_\_ other \$ \_\_\_\_\_

Name \_\_\_\_\_

As it is to appear in donor listings or  I prefer the name indicated above not be listed

Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Date \_\_\_\_\_

E-mail \_\_\_\_\_

- My gift is enclosed** *(Please make check payable to: Pace School)*
- My company will match my gift** (form enclosed)
- My gift has been designated through United Way**
- Apply my gift to my credit card:**

MC/Visa Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

### For commemorative gifts, please complete the following:

Gift in Memory of: \_\_\_\_\_

Gift in Honor of: \_\_\_\_\_

on the occasion of \_\_\_\_\_

Please acknowledge to: Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contributions to Pace School are tax-deductible as provided by law.

For more information, contact: **Marilan Caito at (412) 244-1900 ext. 4202 or [mcaito@paceschool.org](mailto:mcaito@paceschool.org)**

*The official registration and financial information of Pace School may be obtained from the Pennsylvania Department of State by calling, toll-free within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.*