



Donation Form

Thank you for your support!

Your gift will ...

- ✓ **Help** children with profound but hidden disabilities learn
- ✓ **Support** families struggling to cope with their child's challenges
- ✓ **Change** lives through progressive academic and therapeutic approaches

Donor Information:

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As it is to be published or I prefer this gift be anonymous

Agency _____

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Check enclosed. (Payable to: Pace School)

Employer Match Form enclosed.

Apply my gift to my credit card:

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Commemorative gifts:

My gift is: In Memory of (deceased) In Honor of (living: anniversary, birthday, holiday)

Name: _____

Please notify, name: _____

Relation to above: _____

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For more information contact Development Director at 412-244-1900, ext. 4302 or mcaito@paceschool.org