

**ANNUAL DONOR FORM
PACE PARENT SUPPORT GROUP**



Date: _____

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For donor recognition, name should appear as: _____

Student's Name: _____ Student's Grade: _____

Address*: _____

Email*: _____

**We will add you to our mailing list and e-mail list to receive our newsletter and other PPG communication. We will not share your information.*

Phone: () _____ - _____

I am a: Parent/Guardian
 Alumnus, Class of _____

Student
 Friend of PACE

Donation amount: \$ _____

Check
 PayPal
 My employer will match these funds. Name of company: _____

**Thank you for your tax deductible donation!
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If donating online via PayPal, please complete and email this form to paceparent@gmail.com

If donating by check, make payable to **Long Beach Poly PACE Parent Support Group**
and send this completed form with your check to:

PACE Parent Support Group
PO Box 41845
Long Beach, CA 90853