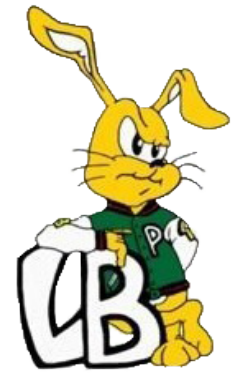


ANNUAL DONOR FORM PACE PARENT SUPPORT GROUP



Date: _____

How would you like your name listed for recognition?

Student's Name: _____

Address: _____

Email: _____

Phone: () _____ - _____

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

Checks should be made payable to **Long Beach Poly PACE Parent Support Group**.

Amount enclosed: \$ _____

Matching Gifts

Many companies will match charitable contributions made by their employees.

My employer will match these funds.

Name of company: _____

For donor recognition, name should appear as:

Thank you for your support!

Please return form and donation to:
PACE Parent Support Group
PO Box 41845
Long Beach, CA 90853