

Thank you for choosing to donate to our financial aid program. Your dollars will go towards the education of financially needy students who would otherwise not be able to attend our school. Your gift of education is deeply appreciated and will be eternally remembered by those you will help!

Donation Form (Automatic Withdrawal Authorization)

Authorization Agreement

I hereby authorize Monsignor Edward Pace High School and its financial institution to initiate monthly withdrawals/debits from my bank or credit card account for the purposes of donating funds to Monsignor Edward Pace High School. This authority will remain in effect until I notify Monsignor Edward Pace High School in writing, delivered to the organization's address (above), at least fifteen calendar days prior to the next scheduled payment to cancel it, affording Monsignor Edward Pace High School reasonable opportunity to act upon it in a timely manner. Further, I agree not to hold Monsignor Edward Pace High School responsible for any error due to incorrect or incomplete information supplied by me or by my financial institution.

General Information

Donor Name: _____

Street Address, City, State, Zip: _____

Primary Phone Number: _____

Email Address: _____

If Alumni, please indicate what your graduating class was: _____

Bank Information

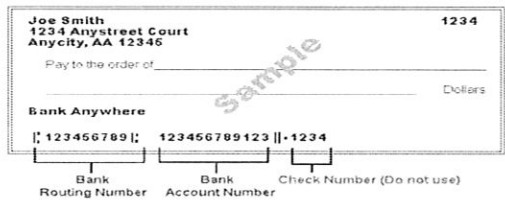
Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings



Credit Card Information

Cardholder Name: _____

Account Number: _____

Expiration Date: _____ Security Code: _____ Type: VISA MASTER CARD AMEX DISCOVER

Donation Information

Monthly Donation Amount: \$ _____ Start Date (Month/Day/Year): _____

Donations will continue monthly on the same day indicated above. Example: If you chose 03/12/2010 as your start date, then the 12th will be the regular debit date each month.

Signature

Authorized Signature (Primary): _____ Date: _____



Please Fax To: 305-521-0188 or Email To: crouco@pacehs.com

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