



We are PACE!

Partners • Academics • Catholic • Empowerment

A National School of Excellence

Dear Alumni:

GREETINGS PACE FAMILY!

My name is Celia Rouco and I am the new Director of Development at Monsignor Edward Pace High School. With over 10 years of professional fundraising experience, my goals and priorities are to raise the necessary dollars on an annual basis to continue to offer and provide our students the very best Catholic education available as you once enjoyed. Our needs are great, but our continued support from proud Pace Alumni is even greater!

Our Annual Fund enables Monsignor Edward Pace High School to provide for students and families who would not otherwise be able to attend Pace through our Financial Aid Program. We take tremendous pride in our Catholic identity, our educational excellence, and our service to the community and we thank you for establishing Pace's outstanding reputation as one of the "Top Fifty Catholic High Schools" in the country and a Blue Ribbon School of Excellence. Throughout the years, your support has assisted thousands of students attain a solid academic and moral foundation.

As I embark on my new role, my top priority is to establish a continuous stream of donations via an automatic withdrawal system. This one-time set up is easy and convenient for you, while the rest is handled by the school. Any amount will help tremendously – from \$10.00 per month up to your heart's desire! Regardless of your pledge amount, it is your consistent contribution, commitment, and sacrifice which will help Monsignor Edward Pace attain its goal of \$200,000.00 for our Financial Aid Program. How wonderful it would be if every Pace Alumni participated in the program and supported its Alma Mater?

Please complete the enclosed form and return it to the school in the self addressed envelope. Should you have any questions or need additional information please feel free to contact me at 305-624-8534, ext. 215 or by e-mail at CRouco@pacehs.com.

On behalf of the many students that will benefit from your generosity, thank you for your consideration and continued support.

May God bless you,

Celia Rouco
Director of Development

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Selected as one of the top 50 Catholic high schools in America

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

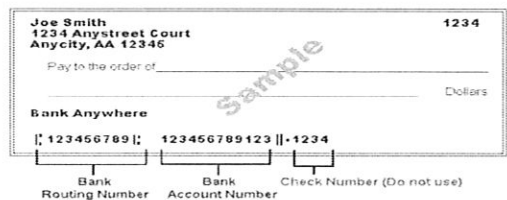
Name of Financial Institution: _____

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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