

I would like to become a PACER PARTNER and donate to the Delta Secondary School PAC

Title: _____ First name: _____ Last name: _____

Street: _____

City: _____ Province: _____ Postal code: _____

Home phone number: _____

Please accept my donation of: \$ _____ Date: _____

Please send this form with a cheque made payable to "Delta Secondary School".

Choose:

I would like my donation to be used where it is most needed

*I would like my donation to be directed to _____
(name of program)*

Through the generosity of the above Pacer Partner, the education that our children receive continues to be enhanced because of their direct support and donations.

*Please indicate if you require a tax receipt: YES NO
(tax receipts will only be issued for donations of \$25 or more)*

Our children's learning remains at exceptional standards as a direct result of your caring and your contributions. Thank you for making the education of our students a priority in your family life.

DSS PAC