

Participant Name:

DINING SERVICES KESSEL STUDENT CENTER 861 BEDFORD ROAD PLEASANTVILLE, NY 10570 PHONE: (914) 773-3763

FAX: (914) 773-3758

## **Optional Meal Plan Form**

To be used by Students, Administrators, Faculty and Staff.

University ID Number (U#):				
Daytime Phone #:				
E-mail Address:				
	Voluntary Pla	<u>ın</u>		
Amount: \$ (Minimum addition to plan: \$50)				
-	osize your meal plan of \$100 or more are elig		s.	
	Payment Option	ons		
Personal Check or Money order	MasterCard	Visa	American Express	
Card Holder Name:				
Card number:				
Card Expiration Date:				
Card Holder Signature:				
Please fill out the form online and print out	the completed form. You one of the Dining Servio		rm by mail, fax or hand deliver to	
Mail: Office of Student Assistance, Pace Universit 861 Bedford Road Pleasantville, NY 10570	ty Dinin - NY0 - Plea	Hand Deliver: Dining Services Offices: - NYC: Café 101, 1 Pace Plaza - Pleasantville: Kessel Campus Center, Lower Level - WP: Preston Hall Café, Preston Hall - 1 <sup>st</sup> Floor		

Fax: (914) 773-3758

Note: Pace Meal Plans are non-refundable. If you have any questions please call (914) 773-3763