

ORDER FORM

STEP 1: PERSONAL INFORMATION					
	Name			Affiliation to St. Paul's High School: (Check all that apply)	
	Address			☐ Alumnus	
	City			☐ Current Parent	
	Province	Postal Code		☐ Past Parent	
	Email			☐ Faculty, Staff or Retiree	
	Home Phone	Work Phone		☐ Board Member	
Co	ompany Name			☐ Friend of St. Paul's	
STEP 2: CRUSADER BLEACHER SEAT SALE					
I wish to purchase ☐ Crusader Bench x \$250					
x \$500					
Inscription: (Bench: 16 characters, Seat: 35 characters)					
St. Paul's High School reserves the right to approve all inscriptions and will inform donors if changes are necessary. Seats are available on a first come, first serve basis.					
STEP 3: PAYMENT OPTIONS					
	Seat Total: \$		ments (12 monthly	payments over one year)	
		Cheque (payable to St. Paul's High School)			
	Credit Card	edit Card		Card Uisa	
Card Number			Exp. Date		
Name on Card			CVV		
	Signature				

We sincerely appreciate your contribution to St. Paul's High School. Thank You!

At St. Paul's High School, we respect your privacy and keep your information strictly confidential. An official tax receipt will be issued in the name that appears on the cheque or to the company/individual that the credit card is officially registered. Charitable Registration No. 11919 5683 RR0001