



ST. PAUL'S HIGH SCHOOL

JESUIT

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 (204)831-2300 • www.stpauls.mb.ca • contact-us@stpauls.mb.ca

BLEACHER SEAT & BENCH ORDER FORM



STEP 1: PERSONAL INFORMATION

Name _____

Address _____

City _____

Province _____ Postal Code _____

Email _____

Phone _____

Affiliation to St. Paul's High School:
(Check all that apply)

- Alumnus
- Current Parent
- Past Parent
- Faculty, Staff or Retiree
- Board Member
- Friend of St. Paul's

STEP 2: CRUSADER BLEACHER SEAT SALE

I wish to purchase Crusader Bench _____ x \$250

Crusader Seat _____ 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.

STEP 3: PAYMENT OPTIONS

Seat Total: \$ _____ One-Time Payment

Cheque (payable to St. Paul's High School)

Credit Card Card Type: (Please select one) MasterCard Visa

Card Number _____ Exp. Date _____ CVV _____

Name on Card _____

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