

Yes I would like to become a Pavilion Partner of ST PAUL'S COLLEGIATE SCHOOL HAMILTON



Details

Title: _____

First Names: _____ Old Collegian Ex Staff / Board

Surname: _____

Mailing Address: _____

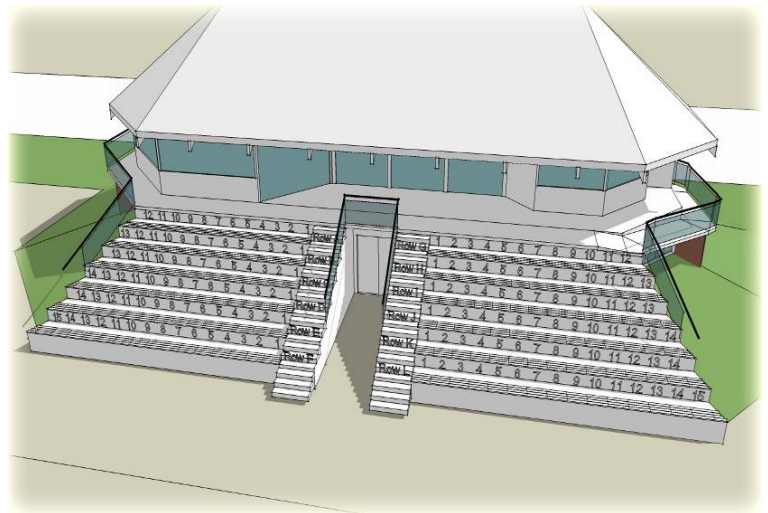
Postal Address: (if different) _____

Email: _____

Phone: _____ Mobile: _____

I am interested in:

- Naming rights to the Grandstand
- Naming rights to the Changing Rooms
- Tendering and Business in Kind
- Securing Seats on the Bleachers
- Donation other \$ _____



Payment details for securing Seats on the Bleachers

Cheque Total Amount Tendered \$ _____ Lump sum 3 x \$500 annually

Electronic / e-cheque

Waikato Anglican College Trust 02-0320-0203376-000
Details to appear on statement of Waikato Anglican College Trust

Pavilion Seats		/
	<i>Surname and Initials</i>	<i>First / Last Year at School</i>

Mastercard or Visa

Expiry Date								Name on Card			

Details of Name on Plaque for the Bleachers

THIS SEAT WAS DONATED BY _____ *(Please Print Clearly)*

Please post or fax (07 9578863) this form, together with your cheque, e-cheque or credit card details to:
Pavilion Partner, St Paul's Collegiate School, Private Bag 3069, Hamilton 3240.
Please contact **Glenys Parton** for further information, by phoning **07 9578898** or emailing g.parton@stpauls.school.nz

Office Use Only

<i>Date Paid</i>	<i>Cheque / Cash/ E-bank/ C-Card</i>	<i>Receipt Number</i>