

ORDER FORM

Please Check Option

- PLATINUM SPONSOR**
- GOLD SPONSOR**
- SILVER SPONSOR**
- BRONZE SPONSOR**
- FRIEND OF THE ACADEMY**
- AIR MILES DONATION**
- IN KIND DONATION**

Comments:

Contact Information

Company Name: _____

Contact Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-Mail address: _____

- MAIL INVOICE**
- BUSINESS/PERSONAL CHEQUE**
- CREDIT CARD**
- PLEASE ISSUE A TAX RECEIPT**
- MASTERCARD**
- VISA**

CC#: _____

Expiry date: ____ / ____
MM DD

Please indicate which option you will select and also make sure to indicate if you require a tax receipt. Make sure cheque is payable to St. Francis Xavier High School.