YOUR SUPPORT

Please help us build the Centennial Centre for Wellbeing. Your support will be vital to the project and will hold a special place in the history of the College. Please consider making a donation by filling out the form below or contacting the Development Office. We would so appreciate your help.

| Name: | |
|------------|--|
| Address: | |
| Telephone: | |
| Email | |

All donations will generate a tax rebate of up to 33%.

| I/We wish to donate: \$ | _to the Centenary Building Project |
|-------------------------|------------------------------------|
| | _to the centenary building rioject |

Challenge Fund (your donation will be matched dollar for dollar by one of our Challenge donors)
Name ______ (Maximum number of characters = 30)

(To be recognised on the Challenge Fund Board in the Centennial Centre)

- Named Swimming Lanes (named tiles in floor at both ends of each lane, 8 only) \$25,000
 Name on Tiles ______ (Number of characters = by negotiation)
- Named Seating Bays (plaque on seating bay poolside, 18 only) \$10,000-\$24,999
 Name on Plaque ______ (Maximum number of characters= 50)
- Named Starter Blocks (plaque on removable starter block, 8 only) \$5,000-\$9,999
 Name on Starter Block ______ (Maximum number of characters= 35)
- Named Water Drop ('Drop by Drop' Sculpture, 150 only) \$2,000-\$4,999
 Name on Sculpture ______ (Maximum number of characters = 28)
- Named Seat in Bleachers (named plaque on bleacher seating 246 only) \$500 \$1,999
 Name on Plaque ______ (Maximum number of characters = 26)
 Gifts over \$2,000 entitles automatic entry to the Robertson Circle

Name(s) only to appear in the yearly College Ties thank you Honour

Roll (in addition to the above):

Name: ____

□ I/We wish to remain anonymous

Method of Payment

□ Cheque enclosed

(payable to St Cuthbert's College PO Box 26020, Epsom, Auckland 1344, New Zealand)

| Credit card – please debit my/our credit card | Mastercard | 🗖 Visa | 🗖 Amex |
|---|------------|--------|--------|
|---|------------|--------|--------|

Number on Card: ____

Name on Card: ____

Signature:

___Expiry Date: __

- Direct Credit to account 03-0252-0594167-00
 Please include a reference name to appear on bank statement
- Pledge of \$_____ per year for two years.
 By automatic payment. Contact Development Office +64 9 520 8845
- □ By adding to College account \$_____ per term. Starting Term __

Your support is much appreciated. For further information please contact Mrs Debbie Cook, Director of Development. Phone: +64 9 520 8845 Email: debbie.cook@stcuthberts.school.nz











