



CENTRAL CATHOLIC LOCKER ROOM RENOVATION

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Cell Phone: _____

How we should word your name on the plaque: _____

Donation: _____

Method of Payment: Check _____ Number _____

Check made out to Central Catholic High School

Credit Card #: _____

Exp: _____ Security Code: _____