



# COBRAM SECONDARY COLLEGE

To celebrate our 60<sup>th</sup> birthday, we are creating a memory path of past CSC staff & students



## NAME PAVER: \$100

Your donation of \$100 entitles you to have your name engraved into a paver as a lasting record of your valued support. The paver will be permanently installed in the grounds of Cobram Secondary College. Don't forget to mention the year you were at CSC.

Size: 230 x 115 x 50mm

## ENGRAVING DETAILS

Please print clearly in block letters (CAPITALS) and always use the ampersand symbol (“&”). Each box represents a character (letter, number, punctuation mark or space). Max 16 characters per line, three lines per paver. (No hand drawings)

<b>NAME PAVER</b>	LINE 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	LINE 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	LINE 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Simply fill out this form and return along with full payment by cash or cheque to:

or by Credit card

Credit Card Type:     Mastercard                       Visa

Cardholder Name: \_\_\_\_\_

Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_. Exp Month: \_\_\_\_\_ Exp Year: \_\_\_\_\_

Cardholder Signature ✕ \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Security Code: \_\_\_\_\_

**Cobram Secondary College**  
25-47 Warkil Street, COBRAM  
VIC, 3644

Company/Contact Name		
<input type="text"/>		
Street		
<input type="text"/>		
City	State	Post Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Email	Our Donation
(    )   <input type="text"/>	<input type="text"/>	<input type="text"/>

Please copy and pass on to any friends & family.  
**WE NEED YOUR SUPPORT!**

