



Vic High Alumni Association

AUDITORIUM SEAT PLAQUE

ORDER FORM

Complete one form for each plaque

Date: _____

Name: _____ Grad or Last Yr. @ Vic High _____

Address: _____

Email: _____ Phone _____

Plaque Wording (3 rows, 30 characters per row (letters, numbers, & spaces). **Please Print Clearly**

Line 1: _____

Line 2: _____

Line 3: _____

Seat Selection Check Auditorium Seat Map on website for available seats

Main ____ Balcony ____ Section: Left ____ Center Left ____ Center Right ____ Right ____
Row ____ Seat ____

Donation: Via PayPal on our website www.vichigh.com Via Canada Helps on our website
May we include your name (no \$ amount listed) on our Annual Donor List on our website. Yes _____

Mail Order Form and cheque payable to Vic High Alumni Association, to VHSAA, 1. 260 Grant St.,
Victoria, BC V8T 1C2. A Charitable Tax Receipt will be mailed to you.

Plaques are ordered several times a year. Once installed, we email you a photo of your installed plaque.

THANK YOU! Your donation helps ensure Alumni volunteers keep alumni connected, preserve Vic High history, and support Vic High. www.vichigh.com

Rev Sept 2025

Office Use:

Seat Map w/Names _____ Seat Map Web _____ Master List _____

Supplier Order _____ Donor Tag - Directory _____ Donor Tag - Mchimp _____

Thank You _____ (photobook included if needed)

Date Plaque Ordered _____ Date Plaque Installed _____

Photo of Installed Plaque Emailed to Donor _____ Volunteer _____