



THE ASSOCIATED ALUMNI  
OF CENTRAL HIGH SCHOOL

Incorporated 1873

THE ASSOCIATED ALUMNI OF CENTRAL HIGH SCHOOL

AUDITORIUM SEAT DEDICATION

Name of Applicant \_\_\_\_\_ Class \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

.....  
INSCRIPTION - Maximum 3 lines; 30 characters per line, includes spaces.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Single seats, multiple seats and full rows are available. Rows: groups of 9-23 seats.

Dedication Donation: **\$500 per seat**

Please make checks payable to:

**AACHS**

**PO BOX 26580**

**Philadelphia, PA 19141**

Or online: <https://centralhighalumni.com/auditorium-seat-dedication-2/>

Questions? Contact [alumnioffice@centralhighalumni.com](mailto:alumnioffice@centralhighalumni.com) or call 215-845-3308