



DONOR AGREEMENT FORM

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PLEDGE DETAILS

I/We wish to support the campaign for St. John's Academy with a total commitment of \$ _____

I/We will fulfill this pledge in installments over a period of _____ years (not to exceed 5 years).

Pledge fulfillment will be as follows:

2018 \$ _____	2019 \$ _____	2020 \$ _____
2021 \$ _____	2022 \$ _____	

Gift Recognition

For gift recognition and/or naming purposes, please list my/our name as indicated below:

I/We wish to remain anonymous; do not include my/our name in any donor listing

By signing this agreement, the donor named above imposes no restrictions on this gift

Printed Name: _____

Signature: _____ Date: _____

PAYMENT OPTIONS (select one)

Full Payment Enclosed (make check payable to "St. John's Academy" or provide bank account information below)

Invoice me starting on _____ / _____ / _____ Annually Semi-annually Quarterly Monthly

Auto-Payment (please provide bank account information)

starting on _____ / _____ / _____ Annually Semi-annually Quarterly Monthly

Account Holder Name: _____

Routing No.: _____ Account No.: _____

Account Type: Checking Savings Billing Information: Same as above

Billing Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Send pledge forms to Jim Engels at basilica@stjamesbasilica.org or mail to:

St. James Basilica, 622 1st Ave S., Jamestown, ND 58401.

For questions, please call (701) 252-0119