

ADVANCE

THE MISSION OF ST. JOHN'S ACADEMY

St. John's Academy provides academic excellence in a Catholic environment to inspire lives reflective of the Gospel.



The educational experience at St. John's Academy is a foundational education, one that helps students grow academically and spiritually. The lifelong gift of an education at the Academy provides a sturdy foundation for a commitment to the faith, lifelong learning, and the pursuit of excellence. Supporting St. John's Academy is truly one of the greatest investments we can offer for our children. Through the generosity of many, the students at the Academy are able to receive a comprehensive and transformative education.

We invite you to prayerfully consider investing in the future of the students in the community of Jamestown through a financial gift to St. John's Academy. The lives of all who have attended our school have been positively impacted by the academic and spiritual experience. The return on such an investment will aid in continuing to affect many more students and their families for generations to come. All charitable contributions to St. John's Academy, no matter the size, are great blessings, for which we are truly thankful!





DONOR PLEDGE CARD



annual fund • memorials

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

- ☐ I/We wish to pledge support St. John's Academy's (circle one): Annual Fund, *Memorial Fund with a total commitment of \$ _____ in installments over a period of _____ years (not to exceed 5 years).

2022 \$ _____ 2023 \$ _____ 2024 \$ _____ 2025 \$ _____ 2026 \$ _____

- ☐ I/We will make a one-time donation to St. John's Academy's (circle one): Annual Fund or *Memorial Fund in the amount of \$ _____

Payment Options (select one) *If Memorial, in Memory of: _____

☐ One-Time Payment

☐ Check Enclosed ☐ Credit Card via the website* ☐ Automatic Bank Withdraw via the form below

☐ Recurring Auto Payment

☐ Automatic Bank Withdraw via the form below ☐ Credit Card via website*

Automatic Bank Withdraw Form

Automatic Start Date: ____/____/____ ☐ Annually ☐ Semi-annually ☐ Quarterly ☐ Monthly

Bank Account Holder Name: _____

Routing No.: _____ Account No.: _____

Account Type: ☐ Checking ☐ Savings ☐ Other Billing Information: ☐ Same as above

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

Signature: _____ Date: _____

Email pledge form to Sarah Sankey at sarah.sankey@k12.nd.us

-OR- Mail to: St. John's Academy

215 5th St. SE Jamestown, ND 58401

For questions, please call (701) 252-3397

* online donation form at: <https://www.stjohnsacademynd.org/ways-to-give>

"BUILT ON THE
FOUNDATION OF
THE APOSTLES AND
PROPHETS, WITH
CHRIST JESUS
HIMSELF AS THE
CHIEF
CORNERSTONE."

EPHESIANS 2:20



[stjohnsacademynd.org](https://www.stjohnsacademynd.org)

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ACADEMY