



## Gift Agreement

Yes, I/We wish to support the Saint John Paul II Academy **Soaring to New Heights Campaign** with the following commitment:



Total Commitment: \$ \_\_\_\_\_

Initial Gift: \$ \_\_\_\_\_

Commitment Balance: \$ \_\_\_\_\_

**Payable:** ☐ One Time or Over ☐ 12 Months ☐ 24 Months ☐ 36 Months

**Payment Schedule START Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐ Annually \$ \_\_\_\_\_ ☐ Quarterly \$ \_\_\_\_\_ ☐ Monthly \$ \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

☐ Personal Gift or ☐ Corporate Gift

Company / Organization (if applicable): \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ **For recognition, please list me as:** \_\_\_\_\_

☐ **Anonymous**

### Payment Method:

☐ Cash/Check ☐ Credit Card ☐ Other \_\_\_\_\_

Credit Card (circle one): Visa / MasterCard / AMEX

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ CSV# \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Saint John Paul II Academy is a 501(c)(3) nonprofit organization.  
All gifts are tax deductible to the extent allowed by law.*