



**Incarnation-St. James School Fund**  
*A Tradition of Excellence – A Family of Faith*

**Donor Information (please print)**

Name	
Street address	
City	
State	
ZIP code	
Telephone	
Email	

**Please check all that apply:**

Parishioner     Parent     Friend of ISJ     Alumni, Class of \_\_\_\_

**Pledge Information**

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  
\_\_\_\_\_ now    \_\_\_\_\_ monthly    \_\_\_\_\_ quarterly    \_\_\_\_\_ yearly

I (we) plan to make this contribution in the form of:  
\_\_\_\_\_ cash    \_\_\_\_\_ check    \_\_\_\_\_ credit card    \_\_\_\_\_ other

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by \_\_\_\_\_ (company/foundation)  
\_\_\_\_\_ form enclosed    \_\_\_\_\_ form will be forwarded

**Acknowledgement Information**

Please use the following name(s) on all acknowledgements:

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\_\_\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make all checks, corporate matches, or other gifts payable to:

**Incarnation-St. James School**  
**1555 Pennington Road**  
**Ewing, NJ 08618**