



St. Philip's Academy

Gift Pledge Form

*Please fill out and return to:
Development Office
St. Philip's Academy
342 Central Avenue
Newark, NJ 07103*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

The amount of my/our gift commitment to the Annual Fund is: \$ _____

Please charge my/our credit card the following amount: \$ _____

Credit Card # (AMEX, MC or Visa) _____

Exp. Date: _____ V-Code: _____

Name on Account: _____

My/our pledge will be paid in installments. It will be completed in _____ years. Please bill on the following schedule: _____ monthly
_____ quarterly _____ annually starting in _____ (month/year)

Gift of Stock _____

To be transferred from: _____

Signature _____

Date _____