

Whitman College Faculty and Staff Annual Fund Gift Form

Name _____

Campus address _____

Campus phone _____ Email _____

- I authorize a payroll deduction of \$ _____ per month.
My gift is an unrestricted gift unless otherwise designated.
Other designation: _____

Make the first deduction on my _____ paycheck and
 continue until further notice **OR**
 end with my _____ paycheck

- I prefer to make a single gift of \$ _____.
My gift is an unrestricted gift unless otherwise designated.
Other designation: _____

Method of payment:

- Check (enclosed)
 Credit Card (Visa/Mastercard/Discover/American Express)

Credit card number: _____

Expiration date: _____ Signature: _____

- Please make this donation a joint gift with my spouse/partner.

You have received no goods or services in return for your contribution.

Call 527-5189 to make your credit card gift by phone.
Make online gifts at: <https://rs.whitman.edu/~gifts/>
Please submit this completed form to the Annual Fund, Memorial #210