

President's Gift Societies

Name _____

Address _____

City _____ State _____ Zip _____

Phone (daytime) _____ (evening) _____

Preferred e-mail address _____

Business Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

- \$1,000 - \$2,499 *The President's Associates*
- \$2,500 - \$4,999 *The Waiilatpu Society*
- \$5,000 - \$9,999 *The Founders' Society*
- \$10,000 - \$24,999 *The Clock Tower Society*
- \$25,000 - and above *The President's Circle*
- Enclosed is my gift of \$ _____

My gift is for Unrestricted giving Scholarship
 Other: _____

My company, _____ will match my gift. I have enclosed the appropriate form indicating the total amount of my gift.

- Please send me information about
- Charitable Gift Annuities Charitable Remainder Unitrusts Other Planned Gifts

I have made a provision for Whitman through
 My Will My Retirement Plan A Life Insurance Policy A Trust Arrangement

Credit Card Gift

I/We wish to charge a Whitman Fund gift of \$ _____ to _____

VISA MasterCard _____

Exp. date _____ Signature _____ Name _____

(please print)

Or call (509) 527-5189 to make your credit card contribution.

Pledge

I/We pledge a total of \$ _____ to be paid in _____ payments of \$ _____

- annually biannually quarterly monthly (*fiscal year ends June 30*)

First payment enclosed *or* first payment date _____. Last payment date _____.

If you choose to make your gift in appreciated securities, they may be given to Whitman College through your broker. In this event, please notify us of your intentions in writing to assure accurate processing of your gift.

Automatic Cash Transfer

Name _____
Address _____
City _____ State _____ Zip _____
Phone (*daytime*) _____ (*evening*) _____

I hereby authorize my bank to deduct the following amount from my account and pay Whitman College this amount in accordance with the conditions on the reverse of this form.

\$ _____ monthly quarterly

Deductions should (check only one) continue until further notice

begin _____ (*date*) and end _____ (*date*)

I have enclosed a voided blank check for account identification by my bank.

Signature _____ Date _____

Automatic Cash Transfer

This authorization to charge my account shall be the same as if I personally signed a check to Whitman College. I understand that this program automatically allows my bank to deduct my pledge amount from my account on the 20th of the month. A record of my payment will be included in my bank statement. This record will serve as my receipt.

I understand that upon receiving my authorization form, Whitman will send confirmation and will notify me when the automatic transfer deductions will begin.

I have the right to authorize my bank to reverse any erroneous entry. This must be done by written notice within 15 days of the date of the bank statement or within 45 days after the debit was made. To change my gift, I may call (509) 527-5189 to request a new authorization form. If I change banks, I will remit to Whitman a new voided deposit slip printed with my new account number.

I may terminate my participation in this process upon written notification to Whitman College. Cancellation will become effective 15 days after written authorization has been received by Whitman. All information is strictly confidential.

The first deduction will occur the second month after authorization is received.

Make a Gift On-line at: <https://www.whitman.edu/~gifts/>

Class Notes, News and Comments
