WHITMAN COLLEGE

# CLASS OF 1972 REUNION FUND

**40th Reunion Scholarship Endowment Fund**

Name (s) _____

Address _____

Home Phone _____ Business Phone _____

Preferred email_____

✓ I/we prefer to make a **five-year pledge** as a total gift of $ _____ to be paid at $_____ per year to the **40th Reunion Scholarship Endowment Fund.**

Start date: _____ or enclose your initial payment (see below)

Send reminders: Annually Semi-annually Quarterly Monthly

For your planning purposes, the College's fiscal year ends on June 30th.

My/our gift will be used for the 40th Reunion Scholarship Endowment Fund unless otherwise designated below.

Other designation: _____

✓ I/we prefer to make a **single gift** of $ _____.

Method of Payment for $ _____

❑ Check (enclosed)

❑ Credit Card Visa / Mastercard / American Express / Discover / JCB

Credit Card Number _____ Exp. Date _____

Signature _____

**To make a donation online, go to www.whitman.edu/give**

## Whitman College Gift Societies

(Gifts made during one fiscal year, July 1 – June 30)

| | |
|---|---|
| The President's Circle | $25,000 and above |
| The Clock Tower Society | $10,000 - $24,999 |
| The Founders' Society | $5,000 - $9,999 |
| The Waiilatpu Society | $2,500 - $4,999 |
| The President's Associates | $1,000 - $2,499 |
| The Cushing Eells Society | $500 - $999 |
| The Walter A. Bratton Society | $250 - $499 |
| The D. K. Pearsons Society | $100 - $249 |

**If your partner or spouse is a Whitman alumnus, your gift will be split equally between the two of you unless requested otherwise.**

**Please return to: Annual Giving, Whitman College, 345 Boyer Avenue, Walla Walla, WA 99362-2083. Thank you.**

- ❑ My company will match my gift—I have enclosed the appropriate paperwork.
- ❑ I have made a provision for Whitman through
  - my will
  - my retirement plan
  - a life insurance policy
  - a trust arrangement
- ❑ I would like information about including Whitman in my will or estate plan.
- ❑ I'm interested in making a donation of securities (stocks, bonds, or mutual fund shares). Please have Jamie Kennedy contact me. His contact information is (509) 527-5989 or kennedjj@whitman.edu.

**For automatic cash transfer, please fill out the following.**

Name _____

Address_____

Home Phone _____ Business Phone _____

Preferred email _____

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 this form.

Deduct $ _____ every Month OR Quarter (circle one)

Deductions should continue until further notice OR
Deductions should begin _____ (date) and end _____ (date).

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

Signature_____ Date_____

- 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 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 a new voided deposit slip printed with my new account information to Whitman College.
- I may terminate my participation in this process upon written notification to Whitman College.
- All information is strictly confidential.
- The first deduction will occur the second month after authorization is received.