

WHITMAN COLLEGE

Sherwood Center Renovation Pledge Form

Donor Name(s)			
Donor			
Donor			
Contact Information			
Street Address			
City		State	Zip
Telephone		Preferred Email	
Pledge Amount / Payment Schedule			
I/We pledge a total of \$ _____ to be paid in _____ payments of \$ _____			
<input type="checkbox"/> annually <input type="checkbox"/> biannually <input type="checkbox"/> quarterly <input type="checkbox"/> monthly (<i>fiscal year ends June 30</i>)			
First payment of \$ _____ enclosed <u>OR</u>			
First payment date / /		Last payment date / /	
Signature of Donor(s)			
Donor		Date / /	
Donor		Date / /	
Description of Purpose			

Return form to:
Whitman College Office of Development
345 Boyer Avenue
Walla Walla ★ WA ★ 99362-2083
Questions? Call (509) 527-5165 or email development@whitman.edu

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