WHITMAN COLLEGE

CLASS OF 1986 REUNION FUND

25th Reunion Scholarship Endowment Fund

Name (s) _____

Address _____

Home Phone _____ Business Phone _____

Preferred email_____

✓ I/we prefer to make a **pledge** for a gift of $ _____ per year for five years to The 25th Reunion Scholarship.
Start date: _____ or enclose your initial payment (see below)
Send reminders: Annually Semi-annually Quarterly Monthly
The College's fiscal year ends on June 30.

My/our gift will be used for The 25th Reunion Scholarship 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 your gift 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 this form to: Annual Giving Office, 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.
- ❑ 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.