

WHITMAN REUNION

Amount

\$

Designation

Access Whitman (scholarship and student aid)

Annual Fund (unrestricted)

Other _____

Name(s)

Gift not joint gift with spouse/partner

Address

Phone

Email

One-time gift

Recurring gift (Automatic: monthly, quarterly, biannual or yearly gifts)

Multi-year pledge *The entire amount counts toward your reunion fund!*

(Gift amount spread out over multiple payments up to 5 years. Indicate below)

First payment date: _____ **Last payment date:** _____

\$	\$	\$	\$	\$
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Enclosed is a check (payable to Whitman College)

Charge the following Credit Card (Visa, MasterCard, Discover, American Express, JCB)

Card #Exp date: MM.....YYYY.....

Signature (for pledges and credit card gifts) _____

Special Instructions for handling my gift:

This gift is in honor or memory of _____.

My employer, _____, will match my gift. I will contact my Human Resources office.

Whitman is in my will, I'd like to join the Dorsey Baker Legacy Society.

I would like information about gift planning and tax saving benefits.
Please send it to me by:

mail

email