

Pledge Agreement

Your Name:		
Class Year:		
Mailing Address:		
Phone Number:		
Email Address:		
Due by 6/30/21: \$		
Due by 6/30/22: \$		
Due by 6/30/23: \$		
Due by 6/30/24: \$		
Due by 6/30/25: \$		
Total (for all 5 years) \$		
Wheaton Fund Designation	on:	
Area of Greatest No	leed Scholarship	
Arts & Cultural Lea	earning Science, Technology & Library Resources	
Athletics	Strengthening Ties to Community	
Experiential Learni	ing Sustainability	
	nities: Fund Scholarship (\$5,000 a year for 5 years) Fund Internship (\$3,000 a year for 5 years)	
Matching Gift Opportunit	ties:	
If your employer will mate		
the company name and the	e expected match amount.	
Planned Giving Opportur	nities:	
I have included OR	I would like more information on including Wheaton in my estat	e plans
To return this completed for	form, please:	
	ollege, Wheaton Fund, 26 E. Main Street, Norton, MA 02766-2322 O to taken with your mobile phone to wheatonfund@wheatoncollege.e	
If you have any questions, jwheatonfund@wheatoncoll	please contact the Wheaton Fund at 508-286-8226 or llege.edu.	
signature	Thank you! today's date	