IPTAY Scheduled Payment Plan - Young Alumni Year 2

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Enrollment Form

Eligible Graduation Dates: December 2022 | May 2023 | August 2023 | Page 1

To enroll in the scheduled payment plan, please complete this two-page form, including the debit or credit card number, expiration date, and signature.

IPTAY 2024 Monthly Draft (July 2023 through June 2024)

Please check the box for the level at which you would like to contribute for the IPTAY 2024 year and the frequency of drafts to complete your pledge. If you donate at an amount not listed below, please enter that amount in the blank provided at the bottom of the chart.

Level			Quarterly (4)	Semi - Annually (2)				
Purple - \$50.00		\$4.17	\$12.50	\$25.00				
Orange - \$112.50		\$9.38	\$28.13	\$56.25				
Champion - \$225.00		\$18.75	\$56.25	\$112.50				
Tiger - \$425.00		\$35.42	\$106.25	\$212.50				
Howard - \$1,325.00		\$110.42	\$331.25	\$662.50				
IPTAY - \$2,225.00		\$185.42	\$556.25	\$1,112.50				
Jervey - \$3,725.00		\$310.42	\$931.25	\$1,862.50				
McFadden - \$5,225.00		\$435.42	\$1,306.25	\$2,612.50				
Fike - \$6,725.00		\$560.42	\$1,681.25	\$3,362.50				
Heisman - \$10,725.00		\$893.75	\$2,681.25	\$5,362.50				
Riggs - \$23,725.00		\$1,977.08	\$5,931.25	\$11,862.50				
Other - \$								
PTAY NUMBER:NAME:NOTESS:								
CITY, STATE, ZIP:								
DAYTIME PHONE NUI	MBE	ER:						
ndicated above. I/We notification of its term act on it. Any debits ir the donor'	und inat iitia s ac	, hereby authorization was a time and manued in error are refundable. Ecount is non-negotiable and banking institution decline	will remain in effect until I nner as to afford IPTAY a r Upon agreement between d non-transferable. Furthe	PTAY has received written easonable opportunity to IPTAY and the Donor,				

After 2 (two) payments are declined, a donor will be removed from the draft. Please keep your information up to date.

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Enrollment Forn Eligible Graduation Dat Page 2	nes: December 2022 May 20	23 August 2023						
VISA	MASTERCARD	DISCOVER	AMEF	RICAN EX	XPRESS			
CARD NUMBER:			EXP DATE:	/	_ (MONTH/YEAR)			
NAME ON CARD: _	DAYTIME PHONE:							
SIGNATURE REQU	IRED:							
	ft date for your IPTAY 202 Il draft will be set for June			ch mont	h after initial			
•	are employed by, or retir t date.	,		se provid -	de the department			

Please mail or email completed form to:

Robin Lay, Draft Coordinator P.O. Box 1529 Clemson, SC 29633 (O) 864-656-2977 robinl@clemson.edu