IPTAY Scheduled Payment Plan - Young Alumni Year 4

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Enrollment Form

Eligible Graduation Dates: December 2020 | May 2021 | August 2021 | 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		☐ Monthly (12)	☐ Quarterly (4)	☐ Semi - Annually (2)					
Purple - \$150.00		\$12.50	\$37.50	\$75.00					
Orange - \$337.50		\$28.13	\$84.38	\$168.75					
Champion - \$675.00		\$56.25	\$168.75	\$337.50					
Tiger - \$1,275.00		\$106.25	\$318.75	\$637.50					
Howard - \$2,175.00		\$181.25	\$543.75	\$1,087.50					
IPTAY - \$3,075.00		\$256.25	\$768.75	\$1,537.50					
Jervey - \$4,575.00		\$381.25	\$1,143.75	\$2,287.50					
McFadden - \$6,075.00		\$506.25	\$1,518.75	\$3,037.50					
Fike - \$7,575.00		\$631.25	\$1,893.75	\$3,787.50					
Heisman - \$11,575.00		\$964.58	\$2,893.75	\$5,787.50					
Riggs - \$24,575.00		\$2,047.92	\$6,143.75	\$12,287.50					
Other - \$									
PTAY NUMBER: NAME: ADDRESS: CITY, STATE, ZIP: DAYTIME PHONE NUMBER:									
/We,ndicated above. I/We notification of its term act on it. Any debits in the debit of the donor'	und inat nitia s ac	, hereby authorstand this authorization value ion in such a time and marted in error are refundable. Ecount is non-negotiable an banking institution decline	orize IPTAY to DEBIT mont 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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ENFOLIMENT FORM Eligible Graduation Dat Page 2	n tes: December 2020 May 20)21 August 2021						
VISA	MASTERCARD	DISCOVER	AMER	ICAN EX	(PRESS			
CARD NUMBER:			EXP DATE:	/	_ (MONTH/YEAR)			
NAME ON CARD: _	DAYTIME PHONE:							
SIGNATURE REQU	IRED:							
	ft date for your IPTAY 20 al draft will be set for Jun	. •		ch montl	n after initial			
•	are employed by, or retint date.	,		se provid –	e 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