

IPTAY Scheduled Payment Plan - Young Alumni Year 1

1-800-CLEMSON • CLEMSONTIGERS.COM/IPTAY

Enrollment Form

Eligible Graduation Dates: December 2024 | May 2025 | August 2025

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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 2025 Monthly Draft (July 2024 through June 2025)

Please check the box for the level at which you would like to contribute for the IPTAY 2025 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	<input type="checkbox"/> Monthly (12)	<input type="checkbox"/> Quarterly (4)	<input type="checkbox"/> Semi - Annually (2)
Purple - FREE	<input type="checkbox"/>	FREE	FREE
Orange - \$45.00	<input type="checkbox"/>	\$3.75	\$11.25
Champion - \$90.00	<input type="checkbox"/>	\$7.50	\$22.50
Tiger - \$170.00	<input type="checkbox"/>	\$14.17	\$42.50
Howard - \$1,070.00	<input type="checkbox"/>	\$89.17	\$267.50
IPTAY - \$1,970.00	<input type="checkbox"/>	\$164.17	\$492.50
Jervey - \$3,470.00	<input type="checkbox"/>	\$289.17	\$867.50
McFadden - \$4,970.00	<input type="checkbox"/>	\$414.17	\$1,242.50
Fike - \$6,470.00	<input type="checkbox"/>	\$539.17	\$1,617.50
Heisman - \$10,470.00	<input type="checkbox"/>	\$872.50	\$2,617.50
Riggs - \$23,470.00	<input type="checkbox"/>	\$1,955.83	\$5,867.50
Other - \$	<input type="checkbox"/>		

IPTAY NUMBER: _____ NAME: _____
(if renewing)

ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE NUMBER: _____

I/We, _____, hereby authorize IPTAY to DEBIT monthly my contribution as indicated above. I/We understand this authorization will remain in effect until IPTAY has received written notification of its termination in such a time and manner as to afford IPTAY a reasonable opportunity to act on it. Any debits initiated in error are refundable. Upon agreement between IPTAY and the Donor, the debit of the donor's account is non-negotiable and non-transferable. Further, we reserve the right to cancel this service if your banking institution declines a draft.

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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 VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CARD NUMBER: _____ EXP DATE: ____/____ (MONTH/YEAR)

NAME ON CARD: _____ DAYTIME PHONE: _____

SIGNATURE REQUIRED: _____

Draft Date The draft date for your IPTAY 2025 pledge will be on the first of each month after initial enrollment. The final draft will be set for June 1, 2025, the IPTAY deadline.

Faculty/Staff If you are employed by, or retired, from Clemson University, please provide the department name and retirement date. _____

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