IPTAY Scheduled Payment Plan - Young Alumni Year 2

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Enrollment Form

Eligible Graduation Dates: December 2023 | May 2024 | August 2024 | 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 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		☐ Monthly (12)	Quarterly (4)	☐ Semi - Annually (2)				
Paw - \$15.00		\$1.25	\$3.75	\$7.50				
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 - \$								
IPTAY NUMBER:		NAMF:						
		(if renewing) NAME:						
ADDRESS:								
CITY, STATE, ZIP:								
DAYTIME PHONE NUMBER:								
indicated above. I/We in notification of its termi	und inat	, hereby authorization with the control of t	will remain in effect until I nner as to afford IPTAY a r	PTAY has received written easonable opportunity to				
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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ENFORMENT FORM Eligible Graduation Date Page 2	l es: December 2023 May 20)24 August 2024					
VISA	MASTERCARD	DISCOVER	AMERICA	AN EXPRESS			
CARD NUMBER:			EXP DATE:	/ (MONTH/YEAR)			
NAME ON CARD:	DAYTIME PHONE:						
SIGNATURE REQUI	RED:						
	it date for your IPTAY 20 I draft will be set for Jun	. •		month after initial			
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