IPTAY Scheduled Payment Plan - Young Alumni Year 3

1-800-CLEMSON • CLEMSONTIGERS.COM/IPTAY

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 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 - \$30.00		\$2.50	\$7.50	\$15.00					
Purple - \$100.00		\$8.33	\$25.00	\$50.00					
Orange - \$225.00		\$18.75	\$56.25	\$112.50					
Champion - \$450.00		\$37.50	\$112.50	\$225.00					
Tiger - \$850.00		\$70.83	\$212.50	\$425.00					
Howard - \$1,750.00		\$145.83	\$437.50	\$875.00					
IPTAY - \$2,650.00		\$220.83	\$662.50	\$1,325.00					
Jervey - \$4,150.00		\$345.83	\$1,037.50	\$2,075.00					
McFadden - \$5,650.00		\$470.83	\$1,412.50	\$2,825.00					
Fike - \$7,150.00		\$595.83	\$1,787.50	\$3,575.00					
Heisman - \$11,150.00		\$929.17	\$2,787.50	\$5,575.00					
Riggs - \$24,150.00		\$2,012.50	\$6,037.50	\$12,075.00					
Other - \$									
IPTAY NUMBER:	/if	NAME:							
ADDRESS:		5.							
CITY, STATE, ZIP:									
DAYTIME PHONE NUMBER:									
DAYTIME PHONE NOW	BEI	ί :							
indicated above. I/We un notification of its terminact on it. Any debits init the debit of the donor's	nde natio tiato acc	rstand this authorization von in such a time and man ed in error are refundable. count is non-negotiable an	orize IPTAY to DEBIT moni- will remain in effect until l nner as to afford IPTAY a r Upon agreement betweer d non-transferable. Furthe	PTAY has received written easonable opportunity to IPTAY and the Donor,					
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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ENFOLIMENT FORM Eligible Graduation Dat Page 2	n es: December 2022 May 20)23 August 2023						
VISA	MASTERCARD	DISCOVER	AMER	ICAN EX	(PRESS			
CARD NUMBER:			EXP DATE:	/	_ (MONTH/YEAR)			
NAME ON CARD: _	D: DAYTIME PHONE:							
SIGNATURE REQU	IRED:							
	ft date for your IPTAY 20 Il draft will be set for Jun			ch montl	n after initial			
•	ı are employed by, or reti t 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