IPTAY SCHEDULED PAYMENT PLAN

1-800-CLEMSON • CLEMSONTIGERS.COM/IPTAY

Enrollment Form

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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 2026 Monthly Draft (July 2025 through June 2026)

Please check the box for the level at which you would like to contribute for the IPTAY 2026 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 - \$75.00	\neg	\$6.25	\$18.75	\$37.50
Purple - \$250.00	葥	\$20.83	\$62.50	\$125.00
Orange - \$500.00	\exists	\$41.67	\$125.00	\$250.00
Champion - \$1,000.00		\$83.33	\$250.00	\$500.00
Tiger - \$1,900.00		\$158.33	\$475.00	\$950.00
Howard - \$2,900.00		\$241.67	\$725.00	\$1,450.00
IPTAY - \$4,000.00		\$333.34	\$1,000.00	\$2,000.00
Jervey - \$5,500.00		\$458.33	\$1,375.00	\$2,750.00
McFadden - \$7,250.00		\$604.17	\$1,812.50	\$3,625.00
Fike - \$9,000.00		\$750.00	\$2,250.00	\$4,500.00
Heisman - \$13,500.00		\$1,125.00	\$3,375.00	\$6,750.00
Riggs - \$27,500.00		\$2,291.67	\$6,875.00	\$13,750.00
Other - \$				
IPTAY NUMBER:	(if renewing)	NAME: _		
ADDRESS:				
CITY, STATE, ZIP:				
DAYTIME PHONE NUI	MBER:			
indicated above. I/We	understand t	this authorization w		thly my contribution as PTAY has received writter

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 writter 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	STERCARD DIS	SCOVER	AMERICAN EX	XPRESS
CARD NUMBER:		EXF	P DATE:/	_ (MONTH/YEAR)
NAME ON CARD:		DAYTIME	PHONE:	
SIGNATURE REQUIRED: _				
* Draft Date * The draft date for enrollment. The final draft w				h after initial
Faculty/Staff If you are emp	oloyed by, or retired, from (Clemson Unive	ersity, please provic	le 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