

ENROLLMENT FORM

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To enroll in payroll deduction, please complete this two-page form and sign.

IPTAY 2026 payroll deduction (July 2025 through June 2026)

Annual Giving Levels and Clemson Employee Payroll Deduction Amounts

- Per Paycheck Deduction: Amount to be deducted from the 1st and 2nd paycheck of each month.
- Nine-month includes 16 deductions, and twelve-month includes 24 deductions per year.
- If you are a football or basketball season ticket holder (two ticket minimum), you are eligible to receive a \$250 credit on your IPTAY pledge.

GIVING LEVELS		AMOUNT OF DEDUCTION PER PAYCHECK			
LEVEL	MINIMUM AMOUNT	9 - MONTH EMPLOYEE	*9 - MONTH EMPLOYEE SEASON TICKET HOLDER	12 - MONTH EMPLOYEE	*12 - MONTH EMPLOYEE SEASON TICKET HOLDER
Paw	\$75.00	\$4.70	-	\$3.15	-
Purple	\$250.00	\$15.65	\$0.00	\$10.45	\$0.00
Orange	\$500.00	\$31.25	\$15.65	\$20.85	\$10.45
Champion	\$1,000.00	\$62.50	\$46.90	\$41.70	\$31.25
Tiger	\$1,900.00	\$118.75	\$103.15	\$79.20	\$68.75
Howard	\$2,900.00	\$181.25	\$165.65	\$120.85	\$110.45
IPTAY	\$4,000.00	\$250.00	\$234.40	\$166.70	\$156.25
Jervey	\$5,500.00	\$343.75	\$328.15	\$229.20	\$218.75
McFadden	\$7,250.00	\$453.15	\$437.50	\$302.10	\$291.70
Fike	\$9,000.00	\$562.50	\$546.90	\$375.00	\$364.60
Heisman	\$13,500.00	\$843.75	\$828.15	\$562.50	\$552.10
Riggs	\$27,500.00	\$1,718.75	\$1,703.15	\$1,145.85	\$1,135.45

*** ATHLETIC STAFF EMPLOYEES WHO RECEIVE COMPLIMENTARY SEASON TICKETS ARE NOT ELIGIBLE FOR THE FOR THE FACULTY/STAFF CREDIT.**

To fulfill your pledge by the June 1 IPTAY deadline, deductions must start with the first pay period in June for twelve-month employees or with the first pay period in September for nine-month employees. If deductions start after that date, you will need to pay the difference for the missed deductions. Fifty percent of the pledge is due by February 15th.

COMPLETE THE INFORMATION BELOW

EMPLOYEE ID:

DEPARTMENT:

NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL:

CELL PHONE NUMBER:

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I authorize a payroll deduction through Clemson University as indicated on this form from my first and second payroll checks each month as a gift to IPTAY. This authorization is to remain in effect until such time as I make written notification of a change or cancellation to IPTAY. I understand that I am responsible for any balance not covered by my payroll deductions.

PLEASE CHECK ONE		
NEW DEDUCTION - ☐	CHANGE DEDUCTION - ☐	STOP DEDUCTION - ☐
GIVING LEVEL:	ANNUAL PLEDGE AMOUNT:	AMOUNT OF DEDUCTION PER PAYCHECK:
SIGNATURE:		DATE:

PLEASE MAIL OR EMAIL COMPLETED FORM TO:

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