

## THE BUCKEYE CLUB

Please check box

- Scholar-Athlete Level**  
\$10,000+
- National Champions Level**  
\$5,000–\$9,999
- Big Ten Champions Level**  
\$2,500–\$4,999
- Scarlet & Gray Level**  
\$1,500–\$2,499
- Horseshoe Level**  
\$100–\$1,499
- My gift will be matched by my company and I realize their matching funds may be reduced by the amount of benefits received and have adjusted my personal contribution accordingly.

**YES, I WANT TO JOIN!** (DEADLINE: APRIL 30, 2007)     **YES, I WANT TO RENEW!** (DEADLINE: FEBRUARY 1, 2007)

Amount enclosed \$ \_\_\_\_\_ Please make check payable to The Ohio State University.

Federal income tax laws limit deductions for charitable contributions to amounts in excess of the fair value of goods or services provided in exchange for your contribution.

I decline all Buckeye Club benefits (including tickets).

Membership:                       INDIVIDUAL                      OR                       CORPORATE

NAME \_\_\_\_\_

Corporate Contact Person \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Complete

this form and return it to:

The Buckeye Club, Rm. 209 St. John Arena, 410 Woody Hayes Dr., Columbus, OH 43210-1166

## MONTHLY PRE-AUTHORIZED PAYMENT OPTION

The monthly payment plan allows you to divide your gift equally beginning with the month you join and continuing until June 2007. Ex: If you are a new member joining the Scarlet and Gray level in December, you will have 7 months to complete your donation.  $\$1,500/7 = \$214.29/\text{mo.}$

*In order to take advantage of the monthly payment option, the first payment must be made no later than January, 2007 and memberships paid in full by June, 2007.*

### SECTION A USE FOR MONTHLY PRE-AUTHORIZED PAYMENT OPTIONS

I authorize my bank to make the month beginning (month) \_\_\_\_\_

Checking Account (Must attach voided check.)

MasterCard    VISA    Discover                      Acct # \_\_\_\_\_



Personal  
Corporate

Exp. Date \_\_\_\_\_

Authorization # For Office Use Only

**SIGNATURE** \_\_\_\_\_

### SECTION B USE FOR ONE-TIME CREDIT CARD PAYMENT OPTION

Bill \$ \_\_\_\_\_ to my:

MasterCard    VISA    Discover                      Acct # \_\_\_\_\_



Personal  
Corporate

Exp. Date \_\_\_\_\_

Authorization # For Office Use Only

**SIGNATURE** \_\_\_\_\_

Please make checks payable to The Ohio State University, Rm. 209 St. John Arena, 410 Woody Hayes Dr., Columbus, OH 43210-1166, and return this form with your gift. For your own protection, please do not send cash.