\*Please print this form and complete it. Once you have done so, please send it to the Fawcett Center, 8<sup>th</sup> Floor, 2400 Olentangy River Road, Columbus, OH 43210

## **BUCKEYE CLUB EFT GIVING**

|   | Yes, | I'd | like to | o JOIN | the | Buckeye Clu | b!   |
|---|------|-----|---------|--------|-----|-------------|------|
| П | Yes. | I'd | like to | REN    | EW  | mv membersl | nip! |

All items listed in red must be filled in. All other items are optional.

## STEP ONE: Donor Information First Name

| Middle Name       |        |            |  |
|-------------------|--------|------------|--|
| Last Name         |        |            |  |
| Preferred Address | □ Home | □ Business |  |
| Business Name     |        |            |  |
| Business Title    |        |            |  |
| Address 1         |        |            |  |
| Address 2         |        |            |  |
| City              |        |            |  |
| State             |        |            |  |
| Zip               |        |            |  |
| Country           |        |            |  |
| Email Address     |        |            |  |
| Home Phone        |        |            |  |
| Cell Phone        |        |            |  |
| Business Phone    |        |            |  |

STEP TWO: MEMBERSHIP INFORMATION

Name for Membership

Type of Membership

□ Individual

□ Corporate

## Level (select one):

| Buckeye Club Giving Level      | Giving Amount       | Monthly Payment (November, 2018-June, 2019)* |
|--------------------------------|---------------------|--|
| All-America Level              | \$25,000+           | \$3,125                                      |
| Scholar-Athlete Level          | \$10,000 - \$24,999 | \$1,250                                      |
| National Champions Level       | \$5,000 - \$9,999   | \$625  |
| Big Ten Champions Level        | \$3,000 - \$4,999   | \$375  |
| Scarlet and Gray Level         | \$1,500 - \$2,999   | \$188  |
| Horseshoe Level-age 35 & under | \$750               | \$94   |
| Recent Graduate Level          | \$250               | \$32   |

<sup>\*</sup>Amount reflects minimum monthly payment for each giving level.

| I would like to contribute the following  | ng amount:   |
|---|--|
| (Under Internal Revenue Service Guidelines, a your gift record to the university. A gift receip | portion of your gift may be a deductible contribution and will be a part of t will be sent itemizing your charitable contributions if applicable.) |
| I would like my credit card to be char  | ged on the: $\Box 1^{st}$ of every month $\Box 15^{th}$ of every month   |
| ☐ I would like to purchase a season p   | arking pass (\$3,000 Giving Level and above only)  |
| ☐ I decline ALL Buckeye Club benef<br>Football Tickets  | its, including the opportunity to purchase 2 Season  |
| STEP THREE: Payment Informat  | ion  |
| Type of card  | □ Visa □ Master Card □ Discover □ Amex   |
| Name as it appears on the card  |  |
| Card Number   |  |
| Expiration Date   |  |
| Is this a personal contribution?  | □ Yes □ No   |
| If no, please provide the name and address of the contributor in the box to the right.          |  |
| Indicate special instructions:  |  |
|   |  |