

**\*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 JOIN the Buckeye Club!
- Yes, I'd like to RENEW my membership!

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 (February, 2019-June, 2019)*
	All-America Level	\$25,000+	\$5,000
	Scholar-Athlete Level	\$10,000 - \$24,999	\$2,000
	National Champions Level	\$5,000 - \$9,999	\$1,000
	Big Ten Champions Level	\$3,000 - \$4,999	\$600
	Scarlet and Gray Level	\$1,500 - \$2,999	\$300
**	Horseshoe Level-35 yrs & under	\$750	\$150
	Recent Graduate Level	\$250	\$50

\*Amount reflects minimum monthly payment for each giving level.

\*\* Age: \_\_\_\_\_ (Horseshoe Level Only)

I would like to contribute the following amount: \_\_\_\_\_

(Under Internal Revenue Service Guidelines, a portion of your gift may be a deductible contribution and will be a part of your gift record to the university. A gift receipt will be sent itemizing your charitable contributions if applicable.)

I would like my credit card to be charged on the:  1<sup>st</sup> of every month  15<sup>th</sup> of every month

I would like to purchase a season parking pass (\$3,000 Giving Level and above only)

I decline ALL Buckeye Club benefits, including the opportunity to purchase 2 Season Football Tickets

### STEP THREE: Payment Information

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: