

***Please print this form and complete it. Once you have done so, please send it to the Fawcett Center, 8th 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 (March, 2019-June, 2019)*
	All-America Level	\$25,000+	\$6,250
	Scholar-Athlete Level	\$10,000 - \$24,999	\$2,500
	National Champions Level	\$5,000 - \$9,999	\$1,250
	Big Ten Champions Level	\$3,000 - \$4,999	\$750
	Scarlet and Gray Level	\$1,500 - \$2,999	\$375
**	Horseshoe Level-35 yrs & under	\$750	\$188
	Recent Graduate Level	\$250	\$63

*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: 1st of every month 15th 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: