

**\*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 (May, 2017-June, 2017)*
All-America Level	\$25,000+	\$12,500
Scholar-Athlete Level	\$10,000 - \$24,999	\$5,000
National Champions Level	\$5,000 - \$9,999	\$2,500
Big Ten Champions Level	\$3,000 - \$4,999	\$1,500
Scarlet and Gray Level	\$1,500 - \$2,999	\$750

	Recent Graduate Level	\$250	\$125
	Letterwinners Level	\$250	\$125

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

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

(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 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 (Big Ten Champions 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: