PTAS* 2025

JOIN IPTAY TODAY AT CLEMSONTIGERS.COM/IPTAY, BY CALLING 1-800-CLEMSON OR BY COMPLETING AND MAILING THIS FORM TO: IPTAY, P.O. BOX 1529, CLEMSON, SC 29633.

IPTAY Number (if renewi	ng)	
Name		
Address		
City	Stat	e Zipcode
Employer		
Phone		
home	work	k cell
Email Address		
IPTAY REP Volunteer's N	ame and/or IPTAY Num	ber
Date of Birth/		
	□ N	0
PAYMENT METHOD Charge \$		A 🔲 MasterCard cover 🔲 American Express
Name as it Appears on C	ard	
Card Number		
Expiration Date		
Signature		
My Initial Contribution o	f\$	is enclosed.
This is		
Full Payment	-	
		uary 15 for ticket priority. (if applicable), must be made prior to June 1.
Check Please make p	ayable to IPTAY and inclu	de your IPTAY number on the check if renewing.
Bank Debit:	Monthly	🗌 One-time
determined by the cont	tribution amount divided	for bank draft. Amount drafted each month is by the number of months remaining in the fiscal ease call (864) 656-2977.



PLEASE COMPLETE AND MAIL TO:

IPTAY P.O. Box 1529 Clemson, SC 29633

DONATION LEVELS

TIGER CUB CLUB: Birth-12 (\$40)	
Birthdate:	

- SUSTAINING MEMBER: Birth–18 (\$500) Birthdate:
- □ IPTAY COLLEGIATE CLUB: 18–22 (\$50)
- IPTAY COLLEGIATE CLUB: 18–22 (All four years for \$150)
- **PAW DONOR:** \$60 minimum
- DURPLE DONOR: \$200 minimum
- ORANGE DONOR: \$450 minimum
- CHAMPION DONOR: \$900 minimum
- **TIGER DONOR:** \$1,700 minimum
- HOWARD DONOR: \$2,600 minimum
- □ IPTAY DONOR: \$3,500 minimum
- □ JERVEY DONOR: \$5,000 minimum
- □ MCFADDEN DONOR: \$6,500 minimum
- **FIKE DONOR:** \$8,000 minimum
- HEISMAN DONOR: \$12,000 minimum
- 🔲 RIGGS DONOR: \$25,000 minimum
- **OTHER:**

Minimum Priority Points contribution is \$60. Contributions of any amount are welcome.



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