Permission to share my generosity via IFYE's annual donor list.



Yes, IFYE can share my name on the annual donor list.

____ No, I prefer my donation/name remain anonymous.

2022 IFYE Postal DONATION FORM

NOTE: If wishing to pay online, please go to <u>https://ifyeusa.org</u> and click on "Ways to Give" This online area will include automatic recurring monthly, quarterly, semi-annual, and annual donations.

Please check the appropriate box(es) for the support you wish to provide to the IFYE Association. Mail the form and completed action(s) that you have selected and check(s) to: **Roger Sherer, PO Box 452, Bluffton, IN 46714-0052** (If questions, please contact Roger at <u>rsherer@ifyeusa.org</u>)

PLEASE COMPLETE: NAME(s)	EMAIL		
ADDRESS	CITY	STATE ZIF	·
HOME PHONE CELL PHONE			
IFYE FAMLY MEMBER (Progra	m participant (list program), Hos	st Family Member, Friend	, and/or Supporter, etc.)
I/We wish to support IFYE in 202	22 with the following donation:	\$5,000	\$2,500
□ \$1,000 □ \$750	□\$500 □\$250 □0	Other Amount \$	
 \$30 or more. Since the Donor are generally elig consult your tax profes ALL life and annual m I/We wish to become a Life\$900 paid per individe \$1000 paid per individe \$1000 paid in one left Please contact Associate NOTE: 2022 OFFER: If a per has already donated \$100 	members will also include an a IFYE Association of the USA, In gible for tax deduction consider sional to confirm deductibility. members have access to the Me fe member(s) idual in a payment plan to be c vidual on payment plan by 12/3 ump sum per individual if one-tir Treasurer (Roger Sherer) rshered erson has an annual membershi last year or this year, IFYE will c ill become due for your Lifetime	c. is a 501(c)(3) organizati ration, subject to the dom mber Portal area on the v ompleted by 12/31/2026. 31/2026 if one-time offer c ne offer criteria cannot be <u>er@ifyeusa.org</u> for further p for each of the past thre redit \$100 toward the Life	ion, funds contributed by the or's tax situation. Please vebsite. Please request below. criteria cannot be met. e met. r details. Thank you. ee years (2019, 2020, 2021) or
Enclosed is \$20 for the postal mailing of two IFYE NEWS and issues of the IFYE UPDATE published during 2022.			
PAYMENT METHOD			
I/We have enclosed chec	k #in the amount of \$_	payable to "I	FYE Association of the USA".
Please send me/us (by email) access information to the IFYE website "Award Membership area". My email address is:			
I am/We are unable to financially support IFYE. Please remove me/us from the <i>contact for donation</i> list.			
THANK YOU FOR YOUR SUPPORT of IFYE 02/14/2022			

The IFYE Association of the USA, Inc. shall make its services, facilities, and programs available to all persons regardless of race, color, creed, gender, gender variance, age, disability, marital status, sexual orientation, or national origin, and the Association shall not in any way discriminate against any person on the basis of race, color, creed, gender, gender variance, age, disability, marital status, sexual orientation, or national origin. https://ifyeusa.org