2025 POSTAL DONATION FORM

NOTE: If you wish to pay by credit card, please go to https://ifyeusa.org and click on "Ways to Give"

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: IFYE Association of the USA, Inc., c/o Roger Sherer, Associate Treasurer, PO Box 452, Bluffton, IN 46714-0052

Questions? Call Roger at 269-273-8188 or email rsherer@ifyeusa.org



Donate Nov

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Name(s)			Email		· · · · · · · · · · · · · · · · · · ·					
Address		City		State	Zip					
Home Phone			Cell Phone							
Relationship to IFYE _	(Program participa	nt (list program), H	ost Family Member, Fr	iend, spouse, an	d/or Supporter, etc.)					
In Memory Of	In Honor	Of								
Their impact on your IFYE experience:										
I wish to support IFYE with t			Other Amount \$_	Th. fo \$25	ank you Lad Harriso r your legacy gift of 5,000 in memory of Bea Clevland!					
Please make my do I am sending stock I I am sending QCD (Please send me (by	neck # in nation anonymous Donation. (Consult you) Qualified Charitable Diemail) access informations	or Financial Advisor istribution) from my ition to the IFYE we	r) r IRA. <i>(Consult your Fi</i> ebsite "Member Login <i>F</i>	nancial Advisor) Area".						
Enclosed is \$20 for										
☐ Please remove me/u	us from future solicitation	on.								

THANK YOU FOR YOUR SUPPORT of IFYE

10/1/2025

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/