



**IFYE<sup>®</sup> Association  
of the USA, Inc.**

*Peace Through Understanding*

**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.

## 2024 IFYE Postal DONATION FORM

**NOTE: If wishing to pay online, please go to <https://ifyeusa.org> and click on "Ways to Give"**

**This online area will include automatic recurring monthly, semiannual, 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: **IFYE Association of the USA, Inc., c/o Roger Sherer, Associate Treasurer, PO Box 452, Bluffton, IN 46714-0052**

(If questions, please contact Roger at [rsherer@ifyeusa.org](mailto:rsherer@ifyeusa.org) or call at 260-273-8188)

**PLEASE COMPLETE:**

**NAME(s)** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**RELATIONSHIP to IFYE** \_\_\_\_\_  
(Program participant (list program), Host Family Member, Friend, spouse, and/or Supporter, etc.)

I/We wish to support IFYE in 2024 with the following donation:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$50	\$100	\$250	\$500	\$1,000	\$2,500	Other Amount \$ _____

- **Donations of non-life members will also include an award of a 2024 annual membership if donation is \$30 or more.** Since the IFYE Association of the USA, Inc. is a 501(c)(3) organization, funds contributed by the Donor are generally eligible for tax deduction consideration, subject to the donor's tax situation. Please consult your tax professional to confirm deductibility.
- **ALL life and annual members** have access to the Member Portal area on the website. Please request below.

- I/We wish to become a **Life member(s)**  
 \_\_\_\_\_ \$1000 paid per individual on **payment plan** by 12/31/2028.  
 \_\_\_\_\_ \$1000 paid in one lump sum per individual.

- Enclosed is \$20 for the printing and postal mailing of the IFYE Newsletters, Updates, and In-Touch published in 2024.

### PAYMENT METHOD

- I/We have enclosed **check #** \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ **payable to "IFYE 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 *contact for donation* list.

**THANK YOU FOR YOUR SUPPORT of IFYE**

5/1/2024

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.

<http://ifyeusa.org>