

Please check the appropriate box(es) for the support you wish to provide to the IFYE Association. Return the form and completed action(s) that you have selected to: **Pat Hutsell; 3670 N Bayou Hill Rd, Parker, CO 80134-5111**

PLEASE COMPLETE:	EMAIL	L
ADDRESS	CITY	STATE ZIP
HOME PHONE	(CELL PHONE
I wish to support IFYE in 2020	with the following:	□\$5,000 □\$2,500
□ \$1,000 □ \$750	□\$500 □\$250	Other Amount \$
 I wish to support IFYE with an annual Membership fee. \$30 for 2020 annual membership If you are a life member, you will always be a life member and do not need to pay the \$30 annual Membership. ALL life and annual members have access to the Member area on the website. You can be a member with your \$30 annual membership only, but all contributions (by non-life members) above \$30 membership will count as a general donation. 		
I wish to become a Life	member \$1000 paid	d in one sum \$200 paid over each of the next five years
Enclosed is \$20 for the postal mailing of two IFYE NEWS and eight issues of the IFYE UPDATE published during 2020.		
☐ I would like to pay the abo	ve amount on a payment so t card: MC_ Visa _ Di	f \$payable to "IFYE Association of the USA". schedule. Please contact me. Phone # DiscoverAmex AMOUNT \$ EXP. DATE: _ /Security Code:
My email address is:	support IFYE at this time. F THANK YOU FO , Inc. shall make its services, facil ility, marital status, sexual orient	the IFYE website "Paid Membership area". Please discreetly remove me from the <i>contact for donation</i> list. DR YOUR SUPPORT of IFYE 01/2020 cilities, and programs available to all persons regardless of race, color, creed, ntation, or national origin, and the Association shall not in any way discriminate ler variance, age, disability, marital status, sexual orientation, or national origin.

http://ifyeusa.org