

Permission to share my generosity via reports and marketing materials

_____ Yes, IFYE can share my donation information.

_____ No, I prefer my donation remain anonymous.

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: NAME	EMAI	L		
ADDRESS	CITY		STATE ZIP	
HOME PHONE	(CELL PHONE		
I wish to support IFYE in 20	20 with the following:	□\$5,000	□\$2,500	
\$1,000 \$750	□\$500 □\$250	Other Amo	ount \$	
 If you are a life m Membership. ALL life and ann You can be a men 	ual members have access to	life member and d o the Member area embership only, b	do not need to pay the \$30 annual	
☐ I wish to become a Lit	fe member \$1000 paid	d in one sum	_ \$200 paid over each of the next sues of the IFYE UPDATE published	
PAYMENT METHOD				
_	bove amount on a payment s	chedule. Please o	bayable to "IFYE Association of t contact me. Phone # Amex AMOUNT \$	
			DATE:/Security Code:	
I will pay online at http :	://ifyeusa.org			
	email) access information to			
I am unable to financia		Please discreetly DR YOUR SUPPC 10/2020	remove me from the <i>contact for d</i> DRT of IFYE	onation list.
The IFYE Association of the L	JSA, Inc. shall make its services, faci		available to all persons regardless of race	, color, creed,

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