



The I-Club  
 The University of Iowa Center for Advancement  
 One West Park Road  
 Iowa City IA 52242  
 (800) 648-6973 or (319) 467-3410  
 Fax: (319) 354-4155  
 www.jointheclub.com

**The 2018 athletics giving year begins  
 July 1, 2017 and ends June 30, 2018.**

Gifts must be received by May 31 to ensure proper mailing of athletic tickets, parking, and receipt of other I-Club benefits.

Here is my I-Club gift to keep the Hawkeyes strong!

\_\_\_\_\_  
 UIF ID

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Daytime phone number

\_\_\_\_\_  
 Email address

**I prefer to charge my gift/payments to my credit card.**  
*(Please enter your credit card number below or visit  
 www.jointheclub.com to make your gift).*

MasterCard  Visa  American Express  Discover

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security code \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature for credit card or pledge \_\_\_\_\_

**I would like to pledge this amount to be paid before  
 May 31, 2018.**  
*(Please complete the payment schedule below to  
 indicate the months you would like your card charged)*

**Pledge Payment Schedule for payments through May 31.**

Please enter the amount you wish to have your card charged each month.

February \$ \_\_\_\_\_  
 March \$ \_\_\_\_\_  
 April \$ \_\_\_\_\_  
 May \$ \_\_\_\_\_

**Credit cards are charged the 25<sup>th</sup> of each month.**

**Please apply my gift to:**

The Hawkeye Fund (30-401-555) \$ \_\_\_\_\_

The Iowa Scholarship Fund (30-401-556) \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

**I have enclosed a check for \$ \_\_\_\_\_**  
 made payable to the University of Iowa Center for Advancement

**I wish to make my gift by direct electronic funds transfer (EFT) from my checking or savings account.** *(Forms are available for download at [www.jointheclub.com/ways](http://www.jointheclub.com/ways) or you can contact our office at (319) 467-3410 to have one sent to you.)*

**I would like the UI Center for Advancement to charge my card the 25<sup>th</sup> of each month on an ongoing basis until I notify them otherwise.**  
*(Please complete the payment schedule below to indicate the amount and months you would like your card charged).*

**Pledge Payment Schedule**

July \$ \_\_\_\_\_  
 August \$ \_\_\_\_\_  
 September \$ \_\_\_\_\_  
 October \$ \_\_\_\_\_  
 November \$ \_\_\_\_\_  
 December \$ \_\_\_\_\_  
 January \$ \_\_\_\_\_  
 February \$ \_\_\_\_\_  
 March \$ \_\_\_\_\_  
 April \$ \_\_\_\_\_  
 May \$ \_\_\_\_\_  
 June \$ \_\_\_\_\_

**Credit cards are charged the 25<sup>th</sup> of each month.**