



**ATHLETICS DEVELOPMENT**  
 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 2019 athletics giving year begins  
 July 1, 2018 and ends June 30, 2019.***

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

Here is my contribution to keep the Hawkeyes strong!

\_\_\_\_\_

UICA ID

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip

\_\_\_\_\_

Daytime phone number

\_\_\_\_\_

Email address

**I prefer to charge my contributions/payments to my credit card.** *(Please enter your credit card number below or visit [www.jointheclub.com](http://www.jointheclub.com) to make your payment).*

MasterCard  Visa  American Express  Discover

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

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

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

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

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

**Please apply my payment(s) for membership:**

I-Club Fund (non-deductible) (30-401-640) \$ \_\_\_\_\_

**Please apply my payment(s) for tax deductibility:**

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

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 contribution by direct electronic funds transfer (EFT) from my checking or savings account.** *(Forms are available for download at <http://www.jointheclub.com/giving> 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 on a monthly 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	\$ _____

**I would like to pledge this amount to be paid before May 31, 2019.**

*(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	\$ _____