Please check the appropriate box for the support you wish to provide.

Return the form and complete action or actions that you have selected to Don DeWerff as listed below: **Please mail this form with payment and/or request to:** Don DeWerff, 29 Arrowhead Drive, Lyons, Kansas 67554

PLEASE COMPLETE: NAME	_ E MAIL		
ADDRESS CITY _		_STATE_ ZIP	
HOME PHONE	_ CELL PHONE		<u></u>
I wish to support IFYE in 2017 with the following: \$_\$1,000 \\$750 \\$500 \\$2	: \$5,000 50 Other Amoun	\$2,500	
I am unable to support IFYE with the choic fee.	es above. But I wish to	support IFYE with	an annual Membership
\$30 for 2017 annual membership**			
** You can be a member with your \$30 member memberships. Note: If you are a life member, annual Membership			
PAYMENT METHOD			
I have enclosed my check# in the	e amount of \$	payable to "IFYE	E Association of the USA
I would like to pay the above amount on a payment schedule. Please contact me. Phone #			
Please charge my credit card: Total \$	_MC Visa Discov	er Amex	AMOUNT \$
CARD NUMBER:	EXP.	DATE: _ /Se	ecurity Code:
SIGNATURE I will pay online at http://ifyeusa.org			
Please send me (by email) access info	ermation to the IEVE well	scita "Paid Mambaral	hin aroa"
My email address is:		Site Faid Membersi	nip area
Unfortunately, I am unable to financially donation list.	/ support IFYE at this tim	ie. Please remove m	e from the contact for
(This will be done discreetly and you will still recaccess to the Member area on the website.)	eive the newsletter. Unle	ess you are a life mer	mber, you will not have
THANK YO	OU FOR YOUR SUPPO	RT of IFYE	4/47

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