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: **Don DeWerff, 29 Arrowhead Drive, Lyons, KS 67554**

PLEASE COMPLETE: NAME	EMAII	<u> </u>			
ADDRESS	CITY		_STATE ZIF	·	
HOME PHONE		CELL PHONE			
I wish to support IFYE in 201	9 with the following:	\$5,000	\$2,500		
\$1,000 \$750	□\$500 □ \$250	Other Amo	ount \$		
 If you are a life me Membership. ALL life and annu You can be a mem 	E with an annual Members ember, you will always be a leal members have access to be with your \$30 annual measureship will count as a general	ife member and on the Member are embership only, b	do not need to p a on the websit	pay the \$30 annual	s)
☐ Enclosed is \$20 for the	e postal mailing of two IFYE N	EWS and eight is:	sues of the IFY	E UPDATEs published duri	ing 2019
PAYMENT METHOD					
I have enclosed my check	k #in the amount of	* \$ı	payable to "IFY	/E Association of the US	3A
☐ I would like to pay the ab	ove amount on a payment s	chedule. Please	contact me. Ph	one#	
Please charge my cred	l it card: MC Visa _ D	iscover/	Amex	_ AMOUNT \$	
CARD NUMBER:		EXP.	. DATE:/	Security Code:	
SIGNATURE					
☐I will pay online at http:/ /	/ifyeusa.org				
` ·	mail) access information to			ship area"	
☐ I am unable to financiall	y support IFYE at this time. I	Please discreetly	remove me from	m the contact for donation	<i>n</i> list.
	THANK YOU FOR	YOUR SUPPOR	Γ of IFYE	11/18	

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.