



INDIANA UNIVERSITY ALUMNI ASSOCIATION

INFORMATION

Gift Recipient name(s) _____

Address _____

City _____ **State** _____ **ZIP** _____ **Country** _____

Email address _____ **Phone** _____

Your name _____ **Relationship to gift recipient** _____

Address _____

City _____ **State** _____ **ZIP** _____ **Country** _____

Email address _____ **Phone** _____

ANNUAL MEMBERSHIP

- Recent Grad Single Annual** (first IU degree was earned within the past 5 years)..... **\$25**
- Recent Grad Joint Annual** (first IU degree was earned within the past 5 years) **\$35**
- Standard Single Annual** **\$50**
- Standard Joint Annual** (you and your spouse/partner) **\$75**

LIFE MEMBERSHIP

- Recent Grad Single Life** (first IU degree was earned within the past 5 years)..... **\$500**
- Recent Grad Joint Life** (first IU degree was earned within the past 5 years) **\$650**
- Standard Single Life** **\$750**
- Standard Joint Life** (you and your spouse/partner) **\$950**
- Senior Single Life** (age 60+) **\$375**
- Senior Joint Life** (you and your spouse/partner, age 60+) **\$475**

PAYMENT

I would like to support Indiana University with an additional gift.

- Check enclosed** (Make payable to the "IU Alumni Association")
- Charge my** VISA MasterCard Amex Discover
- Card # _____ Exp. date _____
- Name on card (print) _____ Signature _____

IUAA credit card charges are processed by the IU Foundation.

- Pay in full** **Pay in 10 equal monthly payments** (Life only*) *Life pay plans are billed monthly to your credit card.

TOTAL ENCLOSED \$



MAIL TO: IU Alumni Association, P.O. Box 6064, Indianapolis, IN 46206-6064
PHONE: 800-824-3044 | **JOIN ONLINE:** JOIN.IU.EDU