



TOUCHDOWN CLUB

Name _____

Spouse/Partner Name _____

Birthday (MM/DD/YY) _____

Spouse/Partner Birthday (MM/DD/YY) _____

Preferred Mailing Address

Street _____

City/State/ZIP _____

Home Phone _____ Business Phone _____

Cell Phone _____ Email _____

Alumnus/Alumna? Y / N

College(s)/School(s) _____ Graduation Year _____

Spouse/Partner Alumnus/Alumna? Y / N

College(s)/School(s) _____ Graduation Year _____

Letter Winner? Y / N Sport _____ Years Played _____

Spouse/Partner Letter Winner? Y / N

Sport _____ Years Played _____

Amount of Gift \$ _____

Payment Method Visa MC Discover

Credit Card No. _____

Exp. Date _____

Name on Card: _____

Full Amount Charge _____ (dollar amount)

per month for _____ months.

Check Enclosed (payable to Drake University)

Matching Gift (Please enclose your company's matching gift form.)

Waive my Benefits.

(Checking this box will exclude you from receiving a priority seating or reserved parking option or a ticket order form for men's and women's basketball, thereby making your gift 100 percent deductible rather than 80 percent deductible.)

Please mail to:

Drake University Athletics, P.O. Box 1848, Des Moines, IA 50305-1848

THANK YOU FOR YOUR SUPPORT OF DRAKE ATHLETICS!

