



### Personal Contribution Form

NAME \_\_\_\_\_

INSTITUTION / AGENCY \_\_\_\_\_

TITLE \_\_\_\_\_

E-MAIL \_\_\_\_\_

TRIO PROJECT (EOC, McNair, SSS, TS, UB, UBMS, VUB)

#### My Donation Level Will Be:

- \$100: Presidents Circle**
- \$250: Advocate**
- \$500: Co-Champion**
- \$1,000: Champion**
- \$2,000: Founders' Circle**
- OTHER \_\_\_\_\_**

(Co-Champions please list partner: \_\_\_\_\_)

Do you wish to participate in the "10 for 10" Campaign?        Yes                          No

**NOTE: To qualify for the "10 for 10" Campaign, contributions must total at least \$100 by June 30, 2017**

#### For ONE-TIME Payment:

- Payment Amount: \$ \_\_\_\_\_
- Cash (Included)
- Check (Included)
- Credit/ Debit Card

#### Credit or Debit Card Authorization

- AMEX     MC     VISA     DISC

NAME as appears on card \_\_\_\_\_

ACCOUNT # on card \_\_\_\_\_

EXP. DATE mm/yy                      Security Code \_\_\_\_\_

SIGNATURE \_\_\_\_\_

#### For RECURRING Payment:

- Monthly Amount: \$ \_\_\_\_\_

CHOOSE:     1st of Month     15th of Month

START MONTH: \_\_\_\_\_  
MM/YY

END MONTH: \_\_\_\_\_ OR  Ongoing payment  
MM/YY

#### **Please send completed forms to:**

Council for Opportunity in Education, 1025 Vermont Avenue, NW, Suite 900, Washington, DC 20005

Phone: 202-347-7430 \* Fax number: 202-347-0786

The Council is a non-profit 501(C)(3) organization under the Internal Revenue Code.

Contributions are tax exempt.

|                            |                               |       |
|----------------------------|-------------------------------|-------|
| FOR COE OFFICE ONLY: _____ | _____                         | _____ |
| Date Received Form         | Signature of Fair Share Staff | ID#   |