



COUNCIL for OPPORTUNITY in EDUCATION

Personal Contribution Form



NAME

INSTITUTION / AGENCY

TITLE

E-MAIL

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

PHONE# (Please circle OFFICE or CELL)

My Donation Level Will Be:

- Donation level options: \$100: Presidents Circle, \$250: Advocate, \$500: Co-Champion, \$1,000: Champion, \$2,000: Founders' Circle, OTHER. Includes instruction for Co-Champions to 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: MM/YY OR Ongoing payment

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 Processed Signature of Fair Share Staff ID#