2019 Fair Share Campaign!

Personal Contribution Form

<table>
<thead>
<tr>
<th>NAME</th>
<th>INSTITUTION / AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE</td>
<td>E-MAIL</td>
</tr>
<tr>
<td>TRIO PROJECT (EOC, McNair, SSS, TS, UB, UBMS, VUB)</td>
<td>PHONE# (Please circle OFFICE or CELL)</td>
</tr>
</tbody>
</table>

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, 2019

For ONE-TIME Payment:

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

For RECURRING Payment:

- Monthly Amount:  $__________
  - 1st of Month
  - 15th of Month

CHOOSE:  __1st of Month  ___15th of Month

START MONTH:__________

END MONTH:__________ OR ___Ongoing payment

MM/YY  MM/YY

Credit or Debit Card Authorization

- AMEX  MC  VISA  DISC

________________________________
NAME as appears on card

________________________________
ACCOUNT # on card

EXP. DATE  mm/yy  Security Code

SIGNATURE

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#