Personal Contribution Form
Fair Share 2020

NAME

PHONE# (Please list OFFICE and CELL)

TITLE

E-MAIL

TRIO PROJECT & INSTITUTION

STATE

CIRCLE A DONATION LEVEL

$100: Presidents Circle

$250: Advocate

$500: Co-Champion

$1,000: Champion

$2,000: Founders’ Circle

$5,000: Benefactor

10 For 10

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, 2020

ONE-TIME PAYMENT (CASH/CHECK/CREDIT CARD)

Cash or Check (CIRCLE ONE)

□ Payment Amount: $_____________ Check Number (if Applicable): ____________________

Credit or Debit Card Authorization

□ Payment Amount: $_____________________________ □AMEX □MC □VISA □DISC

________________________________________       _______________________________________________
NAME as appears on card                                               Signature

________________________________________       ____________________      ________________________
ACCOUNT # on card              Exp. Date (MM/YY)   Security Code

For Recurring Payment (CREDIT CARD ONLY):

□Monthly Amount: $_______________    CHOOSE: □1st of Month     □15th of Month

START MONTH: ___________ 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.

FOR COE OFFICE ONLY: ___________________________ ___________________________ ID#