

2020



2020

COUNCIL for OPPORTUNITY in EDUCATION

Fair Share

Personal Contribution Form Fair Share 2020

Fair Share

NAME _____	PHONE# (Please list OFFICE and CELL) _____
TITLE _____	E-MAIL _____
TRIO PROJECT & INSTITUTION _____	STATE _____

CIRCLE A DONATION LEVEL

\$100: Presidents Circle
\$1,000: Champion

\$250: Advocate
\$2,000: Founders' Circle

\$500: Co-Champion
\$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 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: _____	_____	_____
Date Processed	Signature of Fair Share Staff	ID#