

Council for Opportunity in Education Personal Contribution Form

My Information

NAME

TITLE

PROGRAM OR PROJECT

INSTITUTION / AGENCY

ADDRESS

CITY, STATE, ZIP

PHONE/FAX/E-MAIL



Please remit to: Council for Opportunity in Education, 1025 Vermont Avenue, NW, Suite 900, Washington, DC 20005
Or Fax: (202) 347-0786

Payment Options

Enclosed, please find my check/cash for \$_____.

Credit Card Authorization.*

AMEX MC Visa Disc

NAME as appears on card

ACCOUNT # on card MM/YY SEC

SIGNATURE
\$_____

AMOUNT DAY of Month
to be taken out of your account

For how many months? (Remember, the FS year goes through June 30, 2010. For your donation to count for the campaign, you must have given at least \$100 by June 30, 2010.)

Direct Withdrawal Authorization.*

(Please attach copy of a voided check)

SIGNATURE

Financial Institution

Branch Address

Routing # Account #

\$_____

AMOUNT DAY of Month

For how many months? (Remember, the FS year goes through June 30, 2010. For your donation to count for the campaign, you must have given at least \$100 by June 30, 2010.)

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