



COUNCIL for OPPORTUNITY in EDUCATION

# 10 for 10 Personal Contribution Form

Must Donate at Least \$100 by June 30<sup>th</sup> each year

## My Information

## Donation

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PROGRAM OR PROJECT

\_\_\_\_\_  
INSTITUTION / AGENCY

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
E-MAIL

For one-time payment, enclosed, please find my check/cash for \$\_\_\_\_\_ (minimum \$100)

\$ \_\_\_\_\_

AMOUNT DONATED PER MONTH

\$ \_\_\_\_\_

TOTAL AMOUNT (minimum \$100)

\_\_\_\_\_  
MONTH TO BEGIN (MM/YY)

\_\_\_\_\_  
MONTH TO END (MM/YY) or  
ONGOING (check the box below)

Please check one:

- Charge me on 1<sup>st</sup> of the month
- Charge me on 15<sup>th</sup> of the month

Please check if applicable:

- My donation is ongoing until I notify COE of an ending date

## Payment Options

### Credit Card Authorization

AMEX MC Visa Disc

\_\_\_\_\_  
NAME as appears on card

\_\_\_\_\_  
ACCOUNT # on card

\_\_\_\_\_  
Expiration Date MM/YY      SEC

\_\_\_\_\_  
SIGNATURE

### Direct Withdrawal Authorization

PLEASE ATTACH A COPY OF A VOIDED CHECK

\_\_\_\_\_  
FINANCIAL INSTITUTION

\_\_\_\_\_  
BRANCH (INCLUDE FULL ADDRESS)

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
TRANSIT / ABA #

\_\_\_\_\_  
SIGNATURE



Send to:

Council for Opportunity in Education, 1025  
Vermont Avenue, NW, Suite 900, Washington,  
DC 20005

Tel: (202) 347-7430 Or Fax: (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 COE Received Form

\_\_\_\_\_  
Signature of Fair Share Staff