

# Council for Opportunity in Education

## 10 for 10 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

For one-time payment, enclosed, please find my check/cash for \$\_\_\_\_\_. (Must be at least a \$100 donation)

#### Credit Card Authorization

AMEX MC Visa Disc

NAME as appears on card

ACCOUNT # on card

Expiration Date MM/YY SEC

SIGNATURE

\$  
AMOUNT PER MONTH TO BE TAKEN OUT

MONTH TO BEGIN (MM/YY)

MONTH TO END (MM/YY)

\$  
TOTAL AMOUNT (must be at least \$100)

#### Direct Withdrawal Authorization (from bank)

SIGNATURE

FINANCIAL INSTITUTION

BRANCH (INCLUDE FULL ADDRESS)

ACCOUNT NUMBER

TRANSIT/ABA # PLEASE ATTACH COPY OF  
VOIDED CHECK

(Please complete highlighted section)

#### DONATION SCHEDULE (please check one)

- ☐ I would like my donation credited 1<sup>st</sup> of every month
- ☐ I would like my donation credited 15<sup>th</sup> of every month

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