



COUNCIL for OPPORTUNITY in EDUCATION

10 for 10 Personal Contribution Form

Must Donate at Least \$100 by June 30th 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 1st of the month
- Charge me on 15th 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