## 2021 **Fair Share**



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## **Personal Contribution Form** Fair Share 2021

NAME	PHONE# (Please list OFFICE and CELL)				
TITLE	E-MAIL				
TRIO PROJECT & INSTITUTION	STATE				
CIRCLE A DONATION LEVEL					
·	<b>250:</b> Advocate \$500: Co-Champion Founders' Circle \$5,000: Benefactor				
<u>1</u>	0 For 10				
Do you wish to participate in the "10 for 10" Campaign?YESNO					
Note: To qualify for the "10 for 10" Campaign, contributions must total at least \$100 by June 30, 2021					
Cash or Che	ck (CIRCLE ONE)				
Cash or Che  Payment Amount: \$ C					
☐ Payment Amount: \$ C					
☐ Payment Amount: \$ C	Check Number (if Applicable):				
☐ Payment Amount: \$ C  Credit or Debi ☐ Payment Amount: \$	Check Number (if Applicable):  t Card Authorization				
☐ Payment Amount: \$ C  Credit or Debi ☐ Payment Amount: \$  NAME as appears on card	Check Number (if Applicable):  t Card Authorization  AMEX DISC  DISC				
Payment Amount: \$C  Credit or Debi  Payment Amount: \$  NAME as appears on card  ACCOUNT # on card	Check Number (if Applicable):  t Card Authorization  AMEX MC VISA DISC  Signature				
☐ Payment Amount: \$ C  Credit or Debi ☐ Payment Amount: \$  NAME as appears on card  ACCOUNT # on card	Exp. Date (MM/YY)  Check Number (if Applicable):    Card Authorization				

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#