

2015
Fair Share
Campaign!



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Campaign!

Personal Contribution Form

NAME

INSTITUTION / AGENCY

TITLE

ADDRESS

TRIO PROJECT (i.e.: UB, TS, SSS, etc)

CITY, STATE, ZIP

E-MAIL

PHONE

My Donation Level Will Be:

- | | |
|-------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> \$100: <i>Presidents Circle</i> | <input type="checkbox"/> \$1,000: <i>Champion</i> |
| <input type="checkbox"/> \$250: <i>Advocate</i> | <input type="checkbox"/> \$2,000: <i>Founders' Circle</i> |
| <input type="checkbox"/> \$500: <i>Co-Champion</i>
(Partner: _____) | <input type="checkbox"/> OTHER _____ |

Do you wish to participate in the "10 for 10" Campaign? ___Yes ___No

NOTE: To qualify for the "10 for 10" Campaign, contributions must total at least \$100 by June 30, 2015

Form of Payment (Select One)

- One-Time Payment: \$ _____
- Cash (Included)
 - Check (Included)
 - Credit/ Debit Card

Monthly Payment: \$ _____

CHOOSE: 1st of Month 15th of Month

START MONTH: _____
MM/YY

END MONTH: _____ OR Ongoing payment
MM/YY

Credit or Debit Card Authorization

AMEX MC VISA DISC

NAME as appears on card

ACCOUNT # on card

EXP. DATE mm/yy Security Code

SIGNATURE

FOR COE OFFICE ONLY: _____
Date Received Form Signature of Fair Share Staff ID#