

Personal Contributions Form

Fair Share FY 2025

(July 1, 2024 - June 30, 2025)

Support the Council for Opportunity in Education (COE) by making a Personal Contribution!

When you donate, you support the mission and vision of COE and its efforts in providing professional development, research, advocacy, and student opportunities for low-income, first-generation students, and students with disabilities in all 50 states, Washington, D.C., the Pacific Islands, and Puerto Rico.

Donate a minimum of \$100 or more between July 1 - June 30 to be counted towards your states' 10 for 10 goals.

** Your donation is tax-deductible. A tax letter will be sent to individuals who donate \$250 or more. **

*** COE is a non-profit 501(c)(3) organization under the Internal Revenue Code. ***

1. Donors Information

| | |
|----------------------|-------------------------------------|
| Full Name | Office Phone / Cell Phone |
| Title | Email |
| Institution / Agency | TRIO Project Region State |

2. Yearly Donation Goal

Select the amount you wish to donate by June 30, 2025. This will help COE make sure you meet your yearly donation goal.

| | |
|---|--|
| <p>\$ 100 President's Council</p> <p>\$ 250 Advocate</p> <p>\$ 500 Co-Champion</p> <p>\$ 1,000 Champion</p> <p>\$ 2,000 Founders' Circle</p> <p>\$ 5,000 Benefactor</p> <p>\$ Other</p> | <h3>3. Select Donation Frequency and Enter Amount</h3> <p style="text-align: center;">One Time Gift</p> <p>\$ _____ (One time donations will be processed upon receipt)</p> <p>Total</p> <hr/> <p style="text-align: center;">Monthly On-Going Gift</p> <p>\$ _____ Start MO/YR: _____</p> <p>Per Month Charge Date: _____ OR _____</p> <p style="text-align: right;">1st 15th</p> <hr/> <p style="text-align: center;">Set Timeframe</p> <p>\$ _____ Start MO/YR: _____ End MO/YR: _____</p> <p>Per Month Charge Date: _____ OR _____</p> <p style="text-align: right;">1st 15th</p> <p style="text-align: right; font-size: small;">Must end by June 30, 2025</p> |
|---|--|

4. Payment Type & Information

| | |
|-----------------------------|---|
| Cash: _____ | Check #: _____ |
| Card Type: AMEX: _____ | VISA: _____ MC: _____ DISC: _____ |
| _____ Name on Card | _____ Card Number |
| _____ Signature | _____ Exp. Date (MM/YY) |
| | _____ Security Code |

5. Send Completed Form Or Donate Online via Your COE Account

Council for Opportunity in Education
1025 Vermont Avenue, NW, Suite 400
Washington, DC 20005

OR

Vanessa Ramirez
Director of Membership Services
membership@coenet.org

FOR COE OFFICE ONLY

| | | |
|-------------------|---------------|-----------|
| FS Staff Initials | Date Received | Member ID |
|-------------------|---------------|-----------|