2021 Fair Share



2021 **Fair Share**

Personal Contribution Form Fair Share 2021

NAME	PHONE# (Please list OFFICE and CELL)							
TITLE	E-MAIL							
TRIO PROJECT & INSTITUTION	STATE							
CHECK A DONATION LEVEL								
\$100: Presidents Circle \$1,000: Champion	\$250: Advocate \$500: Co-Champion \$2,000: Founders' Circle \$5,000: Benefactor							
	<u>10 For 10</u>							
Do you wish to partici	pate 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								
	MENT (CASH/CHECK/CREDIT CARD) sh or Check (CIRCLE ONE)							
<u>Ca</u>								
	sh or Check (CIRCLE ONE)							
☐ Payment Amount: \$	sh or Check (CIRCLE ONE) Check Number (if Applicable):							
Ca ☐ Payment Amount: \$ ☐ Credi ☐ Payment Amount: \$	sh or Check (CIRCLE ONE) Check Number (if Applicable): tor Debit Card Authorization							
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Phone: 202-347-7430 * Fax number: 202-347-0786

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

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FOR COE OFFICE ONLY:	Date Processed			Signature of Fair Share Staff	 D#