

Council Membership/Contribution Request

NAME _____

TITLE _____

PROGRAM OR PROJECT _____

INSTITUTION / AGENCY _____

ADDRESS _____

CITY STATE ZIP _____

PHONE FAX E-MAIL _____

Payment Options

Purchase Order

Enclosed, please find my purchase order for \$_____

Credit Card Authorization

Please charge \$_____ to my:

AMEX MasterCard Visa Discover

NAME AS IT APPEARS ON CARD _____

ACCOUNT NUMBER EXP. DATE SEC. CODE _____

SIGNATURE _____

Personal Contribution

- Benefactor for TRIO (\$5,000 and above)
- Champion for TRIO (\$1,000-4,999)
- Patron for TRIO (\$500-999)
- Advocate for TRIO (\$250-499)
- President's Council (\$100-249)
- Associate Donation (\$5-99)

Direct Withdrawal Authorization (contribution only)

SIGNATURE _____

FINANCIAL INSTITUTION _____

BRANCH (INCLUDE FULL ADDRESS) _____

ACCOUNT NUMBER _____

Subscription Package

- | | |
|--|--|
| Member | Non-Member |
| <input type="checkbox"/> Two years - \$400 | <input type="checkbox"/> Two years - \$800 |
| <input type="checkbox"/> One year - \$200 | <input type="checkbox"/> One year - \$400 |

TRANSIT/ABA # PLEASE ATTACH COPY OF VOIDED CHECK

Please specify your withdrawal date & amount preferences below.

Institutional Membership

- | | |
|------------------------------|----------------|
| TRIO Projects | Membership Fee |
| <input type="checkbox"/> 0-1 | \$1,700 |
| <input type="checkbox"/> 2 | \$1,900 |
| <input type="checkbox"/> 3 | \$2,100 |
| <input type="checkbox"/> 4 | \$2,300 |
| <input type="checkbox"/> 5 | \$2,500 |
| <input type="checkbox"/> 6+ | \$2,700 |

_____/_____/_____ \$ _____
DATE AMOUNT

_____/_____/_____ \$ _____
DATE AMOUNT

_____/_____/_____ \$ _____
DATE AMOUNT

_____/_____/_____ \$ _____
DATE AMOUNT

Please remit to: **Council for Opportunity in Education**, P.O. Box 90193, Washington, DC 20090-0193
The Council is a non-profit 501(C)(3) organization under the Internal Revenue Code. Contributions are tax exempt.