

Council Membership/Contribution Request

NAME _____

TITLE _____

INSTITUTION _____

PRESIDENT _____

PROGRAM/PROJECT _____

STREET ADDRESS _____

CITY STATE ZIP _____

PHONE FAX _____

E-MAIL _____

REGION _____

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 (up to \$24)

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 |

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

Payment Options

Purchase Order

Enclosed, please find my purchase order for \$ _____

Credit Card Authorization

Please charge \$ _____ to my :

AMEX Discover Master Card VISA

NAME AS IS APPEARS ON CREDIT CARD _____

ACCOUNT # _____

EXPIRATION DATE _____

SIGNATURE _____

Direct Withdrawal Authorization (contribution only)

SIGNATURE _____

FINANCIAL INSTITUTION _____

BRANCH (INCLUDE FULL ADDRESS) _____

ACCOUNT NUMBER _____

TRANSIT/ABA NUMBER PLEASE ATTACH COPY OF VOIDED CHECK

Please specify your withdrawal date and amount preferences below.

_____/_____/_____ \$ _____
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.