



Advance Access in ASPIRE

PERSONAL DONATION

2009

(September 1, 2009 through August 31, 2010)

Your support ensures that ASPIRE will continue to advance access and educational opportunity for TRiO students.

I want to **Advance Access in ASPIRE** by making a personal donation of \$_____ (Total Amount).

PERSONAL DONATION CATEGORIES

- \$ 10 - \$ 49.....ASPIRE Friend
- \$ 50 - \$ 99.....ASPIRE Advocate
- \$100 - \$149.....ASPIRE Council
- \$150 - \$199.....ASPIRE Patron
- \$200 - \$499.....ASPIRE Champion
- \$500 and Above.....ASPIRE Benefactor

Please check payment option:

- Check Credit Card (one time payment) Credit Card (automatic monthly withdrawals)

I would like my donations to begin the 1st of _____ and end on the 1st of _____.

The number of months will be _____. The amount should be \$_____ per month.

Please make Check(s) payable to ASPIRE

Credit Card Payment: Visa MasterCard

Account Number: _____ Expiration Date: _____

Credit Card Billing Address: _____
Street Address/Box Number

City _____ State _____ Zip Code _____

Please complete the information below, retain a copy for your records, and mail this form and your Personal Donation to:

ADDRESS OF CONTRIBUTOR

Carol Gritts
Upward Bound Unit 9516
1200 University Street
Black Hills State University
Spearfish, SD 57799-9516

Name _____

Program _____

Institution _____

Address _____

Telephone: 605-642-6120
Fax: 605-642-6282
Email: CarolGritts@bhsu.edu

Signature: _____ Date: _____

TOTAL SUBMITTED	\$ _____
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Thank you for your personal commitment to ASPIRE and TRiO programs and students.

PLEASE NOTE: _____ Check here if you do not wish to receive a token of appreciation for your donation.

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