



# Advance Access in ASPIRE

## PERSONAL DONATION

2010

(September 1, 2010 through August 31, 2011)

**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

- \$ 25 - \$ 49.....ASPIRE Friend
- \$ 50 - \$ 99.....ASPIRE Advocate
- \$100 - \$249..... ASPIRE Council
- \$250 - \$499..... ASPIRE Patron
- \$500 - \$999.....ASPIRE Champion
- \$1,000 and Above.....ASPIRE Benefactor

- Please check payment option:  **Check** (Please Make Check Payable to ASPIRE and Submit with this Form)
- Credit Card** (One Time Payment – Please Complete Credit Card Information Below)
- Credit Card** (Automatic Monthly Withdrawals – Please Provide Withdrawal Information and Complete Credit Card Information Below)

I would like my donations to begin the 1<sup>st</sup> of \_\_\_\_\_ and end on the 1<sup>st</sup> of \_\_\_\_\_.

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

### CREDIT CARD INFORMATION

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](mailto:CarolGritts@bhsu.edu)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TOTAL SUBMITTED** \$ \_\_\_\_\_

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.  
\_\_\_\_\_ Check here if you DO WISH to receive a token of appreciation for your donation.