



## Single or Monthly Gift Form

I would like to donate the following amount: \$\_\_\_\_\_

Circle one:    Monthly        Single

**DONATING BY CHECK:** Please mail your check to the address below.

**IF DONATING BY CREDIT CARD:** Please provide us with the following information:

Circle your type of Credit Card:

Visa    Master Card    American Express    Discover

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on the Card: \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION IN FULL:**

Circle Your Preferred Title: Ms   Mrs   Mr   Dr   None   Other \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

I do not want to receive email updates.

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Salvadoran Children of the Poor Education Foundation, Inc. a 501c(3) public charity

CALL: 1-888-9-ROMERO    |    Email: [admin@SCOPEfoundation.com](mailto:admin@SCOPEfoundation.com)

**Mailing Address:** SCOPE Foundation, Inc. (Make checks payable to)  
c/o Kelly Dougherty, Treasurer P.O. Box 3, Taylor, PA 18517