



Single or Monthly Gift Form

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

Circle one: Monthly Single

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

Email: matt_orourke@msnbc.com

**Mailing Address: SCOPE Foundation, Inc. (Make checks payable to)
c/o Kelly Dougherty, Treasurer 555 Winter St., Old Forge, PA 18518**