



Please return the following Form with your check:

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Please make your check payable to **El Sol Foundation** and send to Ms. Kayla Daviss at 328 W. Halesworth Street, Santa Ana, CA 92701.

*If you would like to discuss other forms of gifting. Please call Marshall Kaplan at (949) 689-5003 or email [MKaplan@Pathopps.org](mailto:MKaplan@Pathopps.org)*

**THANK YOU FOR YOUR GIFT COMMITMENT!**

El Sol Foundation Tax ID #81-0813424

**American Dream  
Scholarship Initiative**  
El Sol Foundation