



2017 Friends of Scouting

Campaign: Family Community Leadership

District _____ Pack _____ or Troop _____

Stake: _____ Ward: _____

Name: _____

GIFT LEVELS:

Email: _____

(For electronic recognition & communication)

\$5,000 Pacesetter \$500 Patron

\$2,500 Sponsor \$275 Leadership

Address: _____

\$1,500 Soaring Eagle \$162 1 Scout/ Year

City: _____ State: _____ Zip: _____

\$1000 Camp Certificate Other \$ _____

Phone: _____

Signature: _____

MAIL REMINDER STATEMENT:

Date: _____

Once Immediately Monthly

METHOD OF PAYMENT:

Cash Check written to CIEC/BSA

Semi-Annual Quarterly

Credit Card (Please provide information below)

For credit card payment, please fill out completely

Name (as is appears on card): _____

My phone number: (_____) _____

E-mail Address: _____

Billing Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Signature (required): _____

PLEASE CHARGE MY: Visa MasterCard Discover American Express

Amount of gift: \$ _____

Card number: _____

Exp. Date: ____/____/____ CVV# _____