

FRIENDS OF SCOUTING: **WE CANNOT DO IT WITHOUT YOU.**

Please Print

District/Team: _____

Pack ☐ Troop ☐ Crew ☐ Ward ☐ # _____

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Employer: _____

My Investment in Scouting

☐ \$2,500 Sponsor a Unit (Framed Art Print)

☐ \$492 Support 2 Scouts (Camp Coin)

☐ \$1,000 Eagle Fellow (Framed Art Print)

☐ \$246 Support a Scout (Dry Pack Bag)

☐ Surprise Us \$ _____

☐ **Maximize my gift: I prefer not to receive a recognition item.**

My payment is enclosed:

Please bill me or charge my credit card as noted:

☐ Cash

☐ One time

☐ Check # _____

☐ Two times before October

My employer will send payment thru:

☐ Monthly through October

☐ Direct Pay

☐ Payroll Deduction

☐ Total Payroll Pledge of \$ _____

For credit cards, please fill in the information below:

Card #: _____ CVV: _____

Exp Date: ____/____/____ ☐ Visa ☐ MC ☐ Disc ☐ Amex

Signature: _____

(Required for pledges and credit card transactions)

Checks payable to: Northern Star Council, BSA
393 Marshall Avenue • Saint Paul, MN 55102-1717

p. 763-231-7201 • f. 763-231-7202

www.NorthernStarBSA.org

eTap: _____

FOS 2017/2018