



BOY SCOUTS OF AMERICA®

GLACIER'S EDGE COUNCIL

2018 FAMILY FRIENDS OF SCOUTING ENROLLMENT & PLEDGE FORM

NAME: _____ SCOUT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ EMAIL: _____

UNIT: Pack # _____ Troop # _____ Crew # _____

DISTRICT: INDIAN TRAILS MOHAWK WISCONSIN RIVER YAHARA

Yes, I will help in the following manner:

\$1,000 Guardian level
 \$500 Patron level
 \$338 Support two Scouts
 \$250 Leadership Level
 \$169 Support a Scout
 \$100 Century Level
 Other Amount: \$ _____

Signature for pledge: _____ Date: _____

Please select your choice:

Check or Cash enclosed. *(Check's payable to Glacier's Edge Council)*
 Bill me immediately
 Bill me twice (Mar & Aug) *(for gifts over \$25)*
 Bill me quarterly (Mar, May, Aug, Nov) *(for gifts over \$25)*
 Charge my card: Now Twice Quarterly Monthly
 Name on Card: _____ Type: MC / Visa
 Card # _____ CVV# _____ Expires: _____
 Signature _____
(Credit card information is destroyed immediately after processing)

MATCHING GIFTS

My company, _____ *(see back)*
 offers matching gifts, and I will initiate the donation.

ANNUAL GIVERS CLUB

The Annual Givers Club is comprised of faithful contributors who can be counted on each year for a continuing gift. By checking "yes", you will receive a statement each year as you have indicated. You will receive a confirmation letter each year to renew this agreement.

Yes, Count my gift as a continuous gift

Mail to: **Glacier's Edge Council, P.O. Box 14135**
 Madison WI 53708-0135