



2019 Family Friends of Scouting

YES, we want to do our part and will contribute...

Please check the appropriate gift level below:



_____ \$125 Your Son

_____ \$375 Sponsor 3 Scouts

_____ \$250 Sponsor 2 Scouts

\$_____ indicate amount

Received Patch

Your Name _____ Pack/Troop # _____

Address _____ City _____ Zip _____

Email _____ Phone _____

Signature _____ Date _____

_____ ***Please bill me in (check one):***

Make check payable to:

Immediately In the following month _____

In four installments

Tuscarora Council, BSA

P.O. Box 1436

Goldsboro, NC 27533

Please complete pledges before July 31, 2019

_____ Please charge my credit/debit card

_____ I will contact my company for matching gifts.

_____ Visa/MC Card # _____

Expiration (Mo/Year) _____ CVV# _____

Billing Zip Code _____

Company Name _____