

BECOME A FRIEND OF SCOUTING

ABOUT YOU: (Please print)

Date

Name _____

Company/Contact _____

Address _____

City/State/Zip _____

Phone _____

Email _____

SIGNATURE _____

I am an Eagle Scout. I would like to volunteer.

My employer makes matching gifts.

My employer _____

I am interested in planned giving.

Unit Number _____

Circle one: PACK TROOP CREW POST

LEVELS OF GIVING

\$125 Support One Scout

\$250 Leadership Member

\$500 Patron Member

\$750 Honor Member

\$1,000 Guardian Member

\$2,500 Sponsor Member

Other \$ _____

RECOGNITION:

All donors giving \$125 or more will receive our special FOS shoulder strip.

PLEASE BILL MY PLEDGE: (Check one)

Immediately Quarterly (Now, June, Sept., & Dec.)

Twice (Now & June) Monthly (Now through Dec.)

I PREFER TO PAY NOW: (Check one)

Cash \$ _____ Check # _____

Visa MasterCard Discover AMEX

Card # _____

Expiration Date _____

SIGNATURE _____

All gifts to the Tuscarora Council are tax deductible.

THANK YOU!

Make checks payable to:

TUSCARORA COUNCIL
BOY SCOUTS OF AMERICA
172 NC Hwy 581 S
Goldsboro, NC 27530
www.bsanc.org