

Friends of Scouting Campaign Boy Scouts of America	I hereby express my desire to participate in the character development, citizenship training, and mental and physical fitness program of the Boy Scouts of America and subscribe to the Lake Huron Area Council, Boy Scouts of America, in the amount indicated.		
	Pack/Troop# _____ Dist _____ Date _____ Name (print) _____ Address _____ City, State, Zip _____ Phone _____ E-mail _____ I'm an Eagle Scout: <input type="checkbox"/> Yes <input type="checkbox"/> No	Billing Information Total Pledge \$ _____ Paid Now \$ _____ Total to be billed \$ _____ I will contribute: <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually Starting Month _____ <small>(Jan.-Nov)</small>	Please make checks payable to: Lake Huron Area Council, BSA P O Box 129 Auburn, MI 48611-0129 989-662-4464 or 989-695-5593
Please charge my: MC VISA DISC # _____ Exp. Date _____ CV2-code _____ <i>(3 digits in the signature box)</i> Signature _____		Thank you for your generosity and prompt payment.	

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Please send me information on how to include Scouting in my will.

These companies provide matching gifts. Please contact me regarding a corporate matching gift

I work for:

- General Motors Wal-Mart Midland Cogeneration Home Depot Kohl's
 Tandy Co. Consumers Energy Amsted Industries Verizon S C Johnson
 Other (company) _____

For gifts of \$500 or more:

- Please do not send a plaque or year tab. Use 100% of my contribution for Scouting.
 Please send a year tab for an existing plaque.
 Please deliver a plaque engraved as follows: _____

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