

BUFFALO TRACE COUNCIL FAMILY FRIENDS OF SCOUTING ANNUAL GIVING CAMPAIGN PLEDGE



**Gifts to the *BOY SCOUTS OF AMERICA* are tax deductible.
Your contribution will help Scouting in your local community.**

Are you a prior contributor? Yes No

This donation is a: Personal Gift Business Gift

Donor Name(s): _____

Business/Organization: _____

Business Contact: _____

Business Phone Number: _____

Address: _____

City/State/Zip: _____

Phone: H _____ C _____

Email: _____

I am an Eagle Scout – Class of _____

My employer is _____

My employer makes matching gifts

SCOUT LAW

*A Scout is: trustworthy, loyal,
helpful, friendly, courteous,
kind, obedient, cheerful, thrifty,
brave, clean, and reverent.*



PLEDGE YOUR SUPPORT TODAY

**Denotes the Buffalo Trace Society*

- | | |
|---|--|
| <input type="checkbox"/> \$5,000 Benefactor*
Support 2 Dens/Patrols | <input type="checkbox"/> \$2,500 Silver Palm*
Support Den/Patrol |
| <input type="checkbox"/> \$1,000 Eagle Patrol*
8 Camperships | <input type="checkbox"/> \$600
Support 2 Scouts |
| <input type="checkbox"/> \$300
Support a Scout | <input type="checkbox"/> \$100
Provide Uniform Assistance |
| <input type="checkbox"/> \$50
Provide Badge Assistance | <input type="checkbox"/> Other \$ _____ |

**Donors who give \$1,000 or more annually will be included in the Buffalo Trace Society and honored with a special commemoration.*

BECOME AN ANCHOR DONOR

**Inclusion in the Buffalo Trace Society*

- | | | |
|---|--|--|
| <input type="checkbox"/> \$84/Month* | <input type="checkbox"/> \$50/Month | <input type="checkbox"/> \$25/Month |
| <input type="checkbox"/> \$15/Month | <input type="checkbox"/> \$10/Month | |

By making a recurring monthly credit card donation, you will help Scouts for years to come. This is a gift that will continue until you request otherwise.

- Please maximize my gift to Scouting by not forwarding the recognition items.

I prefer to make: **One Payment** **Two Payments**
 Four Payments **Monthly**

Months to Bill: _____

PAYMENT METHOD

Please make checks payable to the Buffalo Trace Council.

- Please charge my credit card**



Name on Card: _____

Credit Card #: _____

Expiration Date: Month _____ /Year _____ CVV: _____

Signature: _____

Date: _____

Or mail to: 3501 E. Lloyd Expressway, Evansville, IN 47715

Pay online—easy! @buffalotracecouncil.org/support-scouting

- | | |
|--|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Check |
| <input type="checkbox"/> Please bill my pledge: | |
| <input type="checkbox"/> Month of: _____ | |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually |



- I would like to know more about Endowment and Planned Giving opportunities.



THANK YOU! *Please return to your local campaign volunteer or staff member. All donors will be included in the Honor Roll of the Donors section of the Annual Report unless the Buffalo Trace Council is notified in writing.*