



| Donor Name | |
|--|---|
| Donor Address | |
| City, State and ZIP Code | |
| Home Telephone Number | |
| | |
| DONOR SCOUTING INFORMATION Indicate the district name & unit number association so proper credit & recognition can be recorded. | |
| | umber association so proper credit & recognition can be recorded. |
| District Name | |
| | |
| Cub Pack # | Boy Scout Troop # |
| Varsity Team # | Sea Scout Ship # |
| Venturing Crew # | Exploring Post # |
| | |
| DONATION LEVEL/AMOUNT | PLEDGE PAYMENT FREQUENCY PREFERENCE |
| \$5,000 – Golden Eagle | |
| \$2,500 – Eagle Level | Annually in (Month) |
| \$1,250 – Life Level | Semi-Annually (Twice a year) |
| \$750 – Star Level | Quarterly (Four times a year) |
| \$365 – Dollar a Day | Monthly (Current to December 31) |

\$240 – Cost per Youth \$120 - Advocate

___ \$50 – Supporter

_\$ _____ - Other

_ Monthly (Current to **December 31**.)

Bill now (Payment to be received by 12/31/17)

Payment enclosed

PAYMENT BY CREDIT CARD (VISA Card or MASTERCARD only)

To honor your pledge by using a credit card, the following information is required:

Card Number: ____ ___ ___ ___ ___ ___ ___ __ ___ __ Expiration Date: ____ / ___ CVC#: ____ Signature ____ (Month/Year)

Some employers have a matching gift program for qualified 501(c)(3) tax-exempt organizations. Please have the donor send the information on to their employer if they do make matching gifts.

Matching Gift Information: Donor's employer makes matching gifts Company Name _____

The Tidewater Council, BSA is a 501(c)3 registered with the Commonwealth of Virginia Department of Agriculture and Consumers and the State of North Carolina and holds a bonafide certificate to raise funds as a not-for-profit organization.