

2018 FRIENDS OF SCOUTING CAMPAIGN



Please Return This Envelope To Your Presenter Tonight

District (circle one): Black River - Fishawack - Munsee -
Raritan Valley - Sussex - Watchung Mountain

(Circle One)

Name _____
Pack/Troop/Crew/Post/Ship# _____
Unit Town _____

THANK YOU!

BOY SCOUTS OF AMERICA
PATRIOTS' PATH COUNCIL
973-765-9322 ext 228



Thank you
for your
first class
stamp

Name _____
Street _____
City, State, Zip _____

PATRIOTS' PATH COUNCIL, BSA
1 Saddle Road
Cedar Knolls, NJ 07927

HOW WILL MY FRIENDS OF SCOUTING
CONTRIBUTION BE USED?

- To provide the quality character and leadership programs for the youth of Patriots' Path Council.
- To provide continuous improvement of the programs that will teach life skills and values, to create bright futures for our young men and women.
- To cover 100% of the cost of recruitment of youth into the BSA programs.
- To significantly contribute to the funding of Family Assistance Program.

HOW WILL MY UNIT BENEFIT?

- Your Unit earned a complimentary Outdoor Program Experience by making a commitment to have an FOS unit presentation. between October 1 and March 31st prior to October 15th.
- By meeting your unit FOS goal by 6/30/18 you can earn up to \$150 in Scout Shop credits and earn 50% off badges of rank for the program year by exceeding the goal by 10%.
- For units who sell popcorn an additional 3% commission is earned by meeting the Unit FOS pledges paid goal by October 1st.

It is important that every Scouting family makes a gift at a level based on individual ability.

Double the Donation! Did you know that many companies match employee donations or will make a gift based on volunteer hours?

Visit ppcbsa.link/doublethedonation.

(PLEASE CHECK ONE)

- Be A Friend\$75
- Support One Scout..... \$164
- Support Two Scouts\$328
- Support Three Scouts.....\$500
- Support a Patrol or Den\$1,000
- 1910 Level\$1,910
- Other Donation Amount \$ _____

Parent Name: _____
 Scout Name: _____
 Street: _____
 City / State: _____
 Phone: _____
 Email: _____

PAYMENT OPTIONS: *(Payment is due in 30 days unless otherwise noted)*

Please Bill Me: Once in ____ Twice beginning in ____ Quarterly ____

I PREFER TO PAY NOW: *(check one)*

Cash Enclosed Check # _____ Credit Card

Credit Card Number: _____

Exp: _____ CVV code: _____ Cardholder's Name: _____

Signature *(I authorize payment by CC or EFT):* _____

No "Thank You" Gift Desired - Patches Only