



FRIENDS OF SCOUTING ENROLLMENT FORM

TIDEWATER COUNCIL, BSA; 1032 Heatherwood Drive, Virginia Beach VA 23455
Office (757) 497-2688 Fax (757) 473-3305 E-Mail: Tide596BSA@Aol.Com
Web Site: www.tidewaterbsa.com

TODAY'S DATE: _____

YOUR NAME: _____

YOUR ADDRESS: _____

CITY, STATE, ZIP: _____

H PHONE: _____

W PHONE: _____

FRIENDS OF SCOUTING GIFT LEVELS

- GRAND SLAM \$2,641
- HOME RUN \$1,112
- TRIPLE \$556
- DOUBLE \$300
- SINGLE COST PER BOY \$139 (MUG AND PATCH)
- KIND MEMBER \$79 (PATCH)
- \$ _____ OTHER



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Please use the whole gift for Scouting, as I decline recognition items.

YOUR SCOUTING INFORMATION: circle your unit information
What you circle applies to that unit's credit for recognition.

CUB PACK SCOUT TROOP VARSITY TEAM SEA SCOUT SHIP
VENTURE CREW EXPLORER POST DISTRICT COUNCIL

Please indicate your unit number(s): _____

Please list your child(ren) that are registered in the Scouting program:

If you are with a District, please list District Name: _____

**CHECKS SHOULD BE MADE PAYABLE TO:
TIDEWATER COUNCIL, BSA**

CREDIT CARD INFORMATION

 Card Number _____

 Expiration Date: _____

Signature & Date _____

MATCHING GIFT INFORMATION

My employer makes matching gifts. Employer name: _____

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

PAYMENT PREFERENCES (We will remind you via mail)

ANNUALLY (once a year)

Date of reminder _____

SEMI-ANNUAL (twice a yr)

Date of 1st reminder _____

QUARTERLY (4 times a yr)

Date of 1st reminder _____

MONTHLY (once a month)

Date of 1st reminder _____

CONTRIBUTION ATTACHED

This information box tells you how many times we will send you reminders.

THANK YOU

