

LEVELS OF GIVING

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> \$1,000 SCOUTS HONOR SOCIETY | <input type="checkbox"/> \$110 |
| <input type="checkbox"/> \$500 (Set of Patches!) | <input type="checkbox"/> \$50 |
| <input type="checkbox"/> \$365 (Shoulder Patch #2) | <input type="checkbox"/> \$25 |
| <input type="checkbox"/> \$250 (Shoulder Patch #1) | <input type="checkbox"/> Other \$ |

**Support a Scout Level \$500*

PAYMENT METHOD

- | | | | |
|---|--|---------------------------------|---------------------------------|
| <input type="checkbox"/> Credit Card | <input type="checkbox"/> Cash | <input type="checkbox"/> Check* | <input type="checkbox"/> Pledge |
| <input type="checkbox"/> I plan to give through CFC #12077 | <input type="checkbox"/> I gave online with Flipcause! | | |
| <input type="checkbox"/> I plan to give through Aloha United Way #96100 | | | |

**To donate online please visit our Flipcause page: <http://bit.ly/2021-FOS>*

**Please make checks payable to: Aloha Council*

CREDIT CARD INFO

- CC# _____ Exp: _____
- Card Type: Visa M/C Amex Discover
- Charge or Bill Me: _____ Billing Start Date: _____
- One Time Semi Annual Quarterly Monthly

BOY SCOUTS OF AMERICA, ALOHA COUNCIL

42 PUIWA RD, HONOLULU, HI 96817 • (808) 959-6366 • WWW.ScoutingHawaii.org



2021 FRIENDS OF SCOUTING ANNUAL CAMPAIGN

Donor/Parent Name: _____

Scout Name (if applicable): _____

Address: _____

City: _____

State: _____

Zip: _____

Unit Type: _____

Unit #: _____

District: _____

Phone: _____

Email: _____

My company will match my gift:

Yes

No

Contributor's Signature: _____

MAHALO FOR YOUR GENEROSITY!