

LEVELS OF GIVING

- | | |
|--|--|
| <input type="checkbox"/> \$1,000 | <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 \$_____ |

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 plan to give through Aloha United Way #96100 | | | |
| <input type="checkbox"/> I gave online | | | |



Scan the QR code to donate online!
*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

ALOHA COUNCIL, BOY SCOUTS OF AMERICA

580 STAINBACK HWY. (PO BOX 5327), HILO, HI 96720 • (808) 959-0079 • WWW.ScoutingHawaii.org



2022 FRIENDS OF SCOUTING ANNUAL CAMPAIGN

Donor/Parent Name: _____

Scout's Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Unit Type: _____ Unit #: _____ District: _____

Phone: _____ Email: _____

My company will match my gift: Yes No

Donor's Signature: _____

MAHALO FOR YOUR GENEROSITY!