


LEVELS OF GIVING

\$1,000	\$110
\$500 (Set of Patches)	\$50
\$365 (Shoulder Patch #2)	\$25
\$250 (Shoulder Patch #1)	Other \$ _____

PAYMENT METHOD

<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cash	<input type="checkbox"/> Check*	<input type="checkbox"/> Pledge
I plan to give through CFC #12077			
I plan to give through Aloha United Way #96100			
I gave online			
*Please make checks payable to: Aloha Council			
Scan the QR code to donate online at the Komohana District's page:			



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

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2023 FRIENDS OF SCOUTING ANNUAL CAMPAIGN

Donor/Parent Name: _____

Scout's Name (if applicable): _____

Address: _____

City: _____ State: _____ ZIP: _____

Unit Type: _____ Unit #: _____ District: **KOMOHANA**

Phone: _____ Email: _____

My company will match my gift: Yes No

Donor's Signature: _____

MAHALO FOR YOUR GENEROSITY!