


LEVELS OF GIVING

\$1,000	\$125
\$500 (Set of Patches)	\$50
\$365 (Shoulder Patch #2)	\$25
\$250 (Shoulder Patch #1)	Other \$ _____

PAYMENT METHOD

Credit Card	Cash	Check*	Pledge
I plan to give through CFC #12077			Scan QR to donate
I plan to give through Aloha United Way #96100			
I gave online: https://donations.scouting.org/li/AlohaFOS			
*Please make checks payable to: Aloha Council, BSA			

CREDIT CARD INFO

CC#: _____	Exp: _____			
Card Type	Visa	M/C	Amex	Discover
Name on Card: _____	Billing Start Date: _____			
One Time	Semi Annual	Quarterly	Monthly	

ALOHA COUNCIL, BOY SCOUTS OF AMERICA

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2024 FRIENDS OF SCOUTING ANNUAL CAMPAIGN

Donor/Parent Name: _____

Scout's Name (if applicable): _____

Address: _____

City: _____ State: _____ ZIP: _____

Unit Type: Pack: Troop: Unit #: _____ District: _____

Phone: _____ Email: _____

My company will match my gift: Yes No

Donor's Signature: _____

MAHALO FOR YOUR GENEROSITY!