

Contribution Form

Name _____ Address _____

City _____ St. _____ Zip _____ Phone _____

Email Address _____

I would like to make a monthly donation

(please circle one) This transaction will take place the 1st of every month.

\$10.00 per month \$20.00 per month \$30.00 per month \$40.00 per month \$50.00 per month
\$100.00 per month \$500.00 per month \$1000.00 per month

I would like to make a one time donation ----- Amount \$ _____ . _____

Payment Type Credit Card _____ Check _____ Cash _____

Please turn over and complete back of this form - Thank You for your gift!

Contribution Form

I (we) hereby authorize the Boy Scouts of America, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for contributions to the Dog Soldier Fund. I (we) acknowledge that the origination of Credit Card or ACH Transactions to my (our) account must comply with the provisions of U.S. Law.

ACH TRANSACTIONS

FINANCIAL INSTITUTION NAME _____

ADDRESS _____ CITY/ST _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____ ACCOUNT TYPE _____ CHECKING _____ SAVINGS _____

CREDIT CARD

NAME AS IT APPEARS ON CARD _____

VISA _____ MASTERCARD _____ CARD NUMBER _____ EXPIRATION DATE _____

This authority is to remain in full force and effective until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

SIGNATURE _____ PRINTED NAME _____ DATE _____

Mail to:

Pony Express Council Boy Scouts of America
1704 Buckingham Street
St. Joseph, MO 64506