**BSA SERVICES**

-Stocked Scout Store

-Online Services (Online Recharter, Advancement, ScoutBook,

Be a Scout, Online Registration, My.Scouting, Online Training,

Doubleknot)

-Record Management (Membership, Scout Records, Awards,

Training)

-Eagle Kits of no charge to units/families

-Lowest costing Day Camps in the Area

-Printing and Postage

**FIELD STAFF**

- Membership Recruitment

- Training & Support - Community Relations

- Unit Support and Resource - Organizing New Units

**MEMBERSHIP RESOURCES**

-Recruitment Flyers & Posters

-Boys’ Life Mini-Mags

-Yard Signs

**INSURANCE**

-General Liability

-Accident

**But most are not aware of these very real costs that help make the Scouting program possible:**

**Tip of the Iceburg**

**Most are aware of these Costs of Scouting**

**FACILITY & SUPPLIES**

-Electricity

-Computers & IT

-Phone & Internet

-Paper & Printing

-Building Residency

-Program Equipment



**Colonial Virginia Council**

Boy Scouts of America

2020 Friends of Scouting Campaign Pledge

**I pledge to Support a Scout for a Year with my $200 contribution**

**to the 2020 Friends of Scouting Campaign:**

**(Monthly Payment Option - Please Check One)**

\_\_\_ $28.57 per month for pledges made in May 2020, paid over seven months, June - Dec 2020

\_\_\_ $33.33 per month for pledges made in June 2020, paid over six months, July – Dec 2020

\_\_\_ I would like to contribute $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month for \_\_\_\_\_\_\_\_\_\_ months **(all pledges must be paid in**

(number of months) **full by December 31, 2020)**

**Payment / Billing Information: (Please Check One)**

\_\_\_ I will set up an Automatic Bill Payment with my financial institution and have a check sent monthly made

payable to Colonial Virginia Council and sent to P.O. Box 12144 Newport News, VA 23612

\_\_\_ I would like to receive a billing statement in the mail monthly

\_\_\_ I have provided my credit card information in the box below and would like my card charged monthly

**OR**

**Pledge Information:** I would like to contribute $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for \_\_\_\_\_\_ year(s).

**Payment Information: (Please choose 1 or 2 below)**

**1) I prefer to pay in full now:** (Check One) \_\_\_Cash Enclosed \_\_\_Credit Card \_\_\_Check Enclosed

Payable to: Colonial Virginia Council

**2) Please (check one): Bill Me or Charge my credit card:**

\_\_\_ One Payment on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date before Dec 31, 2020)

\_\_\_ Two Payments on \_\_\_\_\_\_\_ & \_\_\_\_\_\_\_ (dates before Dec 31, 2020)

\_\_\_ Four Payments in equal installments through December 31, 2020

Credit Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ CVV#: \_\_\_\_\_\_\_\_\_\_\_\_

**(Circle One) Visa MasterCard AmEx**

**Please complete the information below, including signature**

**Donor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Information: (Please Print Clearly)**

Donor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scout’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home / Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BSA Structure/District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Giving Category/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_