



Please choose a level of commitment below:

Fair Share Gift: \$175 Leadership: \$300* Patron: \$500**
Golden Eagle: \$1,000 Trailblazer: \$1,500 Benefactor: \$2,500 Other Amount: \$ _____

*Investors at \$300 and above receive a Special Edition 100th Anniversary Council Shoulder Patch

**Investors at \$500 and above receive a Limited Edition 100th Anniversary Council Shoulder Patch and the Special Edition 100th Anniversary Council Shoulder Patch

Donor Information

Name: _____ Pledge Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date: _____ Matching Gifts Company: _____

You must initiate the matching gifts process with your employer

Method of Payment and Billing Schedule Make checks payable to Atlanta Area Council. Your contribution is tax deductible.

Cash Check Single Billing Quarterly Billing
Visa MasterCard American Express Discover

Credit Card Number: _____ Exp. Date: _____

Affiliation: Pack _____ Troop _____ Crew _____ Post _____ District _____