

Boy Scouts of America, Prairielands Council
Serving nearly 3,000 youth in central Illinois & western Indiana
P.O. Box 6267, Champaign, IL 61826-6267
305 Woodbury, Danville, IL 61834

Name:	Com	npany Name (if applicable):		
Mailing Address	:			
Phone:	E-mail:			
FRIENDS OF SCOUTING CAMPAIGN (FOS)				
\$10,000 \$5,000 \$2,500 \$1,500 \$1,000 \$750 \$500 \$300				
- \$ 250	Other \$			
Billing Information				
My total pledge	or partial payment by check of \$ se bill me for the balance:	Please find my paymei Once Monthly	nt enclosed: \$ Quarterly	
	dit Card Charge ny pledge of \$to ı	my credit card. Card Type:	MasterCard VISA Discover	
Card #		Expiration Date	·	
Charge my card	in equal payments: Once	Monthly Quarte	rly	
Option #3; Debit my bank account I hereby authorize Prairielands Council, Boy Scouts of America to initiate credit or debit entries and to initiate, if necessary, adjustments for any cash or debit entry in error to my (our) account indicated below and the financial institution named below to debit and/or credit the same to such account. This authority is to remain in full force and effective until the Boy Scouts of America has received written notification from me of its termination in such manner and in such manner as to afford the Boy Scouts of America and my financial institution a reasonable opportunity to act on it.				
Your Bank:		City	State	
ABA #:		Account #:		
Account Title				
I hereby authorize BuseyBank to initiate credit or debit entries to my bank account indicated above Total Pledge: \$ Debit my account in equal payments: Once Monthly Quarterly				
Signature	ignature Date			
For Office Use Only:				
Campaign	District Division	on Worl	ker	