

**CHECK THIS
BOX IF YOU WOULD
LIKE TO REMAIN
ANONYMOUS**

PLEASE PRINT

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MY/OUR PLEDGE FOR SCOUTING IS: \$ _____ PAID NOW: \$ _____

PLEASE BILL ME (circle one): Annually Quarterly Monthly FIRST BILLING DATE: _____

checks may be made payable to "Chief Complanter Council"