

**Allegheny Highlands Council Boy Scouts of America
2006 Friends of Scouting Campaign**

I hereby express my desire to participate in the character development, citizenship training, and mental and physical fitness program of the Boy Scouts of America and to subscribe to the above named Council, Boy Scouts of America, in the amount indicated.

Signature _____ Date ____/____/____

Printed Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

My employer makes matching gifts. Employer name _____

Dist.	Campaign	Unit #	Worker
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Credit Card Account Number

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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Expiration Date

□	□	□	□
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Visa MasterCard American Express Cash/Check

Billing Cycle (circle one) Annual Semiannual Quarterly
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Thank You
Allegheny Highlands
Council
FOS
Boy Scouts of America
Friend of Scouting
2006

Name _____

Pledge \$ _____

Date _____

Please retain this stub for your records.

Pledge \$ _____
Payment \$ _____
First Billing Date _____

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