

JAMES E WEST FELLOWSHIP PAYMENT FORM



YES! THE BOY SCOUTS OF AMERICA can count on my support by becoming a James E West Fellowship member with the Golden Empire Council.

I would like to make my annual gift of (please check level below)

<u>2011</u>	<u>2012</u>	<u>2013</u>
<input type="checkbox"/> \$15,000 Diamond Level	<input type="checkbox"/> \$15,000 Diamond Level	<input type="checkbox"/> \$15,000 Diamond Level
<input type="checkbox"/> \$10,000 Gold Level	<input type="checkbox"/> \$10,000 Gold Level	<input type="checkbox"/> \$10,000 Gold Level
<input type="checkbox"/> \$ 5,000 Silver Level	<input type="checkbox"/> \$ 5,000 Silver Level	<input type="checkbox"/> \$ 5,000 Silver Level
<input type="checkbox"/> \$ 1,000 Bronze Level	<input type="checkbox"/> \$ 1,000 Bronze Level	<input type="checkbox"/> \$ 1,000 Bronze Level

Print Name: _____

Mailing Address: _____

City: _____ **State** _____ **Zip** _____

Payment Information (Please check boxes below)

Form of Payment	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Invoice	<input type="checkbox"/> Credit Card
To Be Paid In	<input type="checkbox"/> 1 Year	<input type="checkbox"/> 2 Years	<input type="checkbox"/> 3 Years	
Invoice / Charged	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
Check One	<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> American Express	

Name as appears on Card: _____

Credit Card # _____ Exp. Date ____/____ Security Code _____

Return Payments to: Golden Empire Council BSA, P.O. Box 13558, Sacramento Ca. 95853-3558

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