

# BE A PART OF THE NEXT 100 YEARS



## HELP SUPPORT FRIENDS OF SCOUTING IROQUOIS TRAIL COUNCIL, BOY SCOUTS OF AMERICA JOURNEY TO EXCELLENCE COUNCIL



### THE MANY SERVICES PROVIDED BY IROQUOIS TRAIL COUNCIL...

#### For Every 100 Youth Who Join Scouting . . .

- 12 will have their first contact with a Church or Synagogue.
- 5 will earn their Religious Emblem Award.
- 1 will enter the Clergy.
- 18 will develop hobbies that will last through their adult lives.
- 8 will enter a vocation that was learned through the Merit Badge System.
- 1 will use his Scouting skills to save a life.
- 1 will use his Scouting skills to save his own life.
- 17 will be future Scout Volunteers.
- 3 will become Eagle



- |   |  |
|---|--|
| <input type="checkbox"/> Council Website & Mailings         | <input type="checkbox"/> Boy Scout Leader Training       |
| <input type="checkbox"/> Cub Scout Day Camps                | <input type="checkbox"/> Cub Scout Leader Training       |
| <input type="checkbox"/> Council Calendar                   | <input type="checkbox"/> School Night Recruiting Program |
| <input type="checkbox"/> National Youth Leadership Training | <input type="checkbox"/> Camp Sam Wood                   |
| <input type="checkbox"/> Order of the Arrow                 | <input type="checkbox"/> Merit Badge Counselors List     |
| <input type="checkbox"/> Professional Leadership            | <input type="checkbox"/> Troop Leadership Development    |
| <input type="checkbox"/> Recognition and Awards             | <input type="checkbox"/> Camp Dittmer                    |
| <input type="checkbox"/> Office/Clerical Service            | <input type="checkbox"/> Rechartering Kits               |
| <input type="checkbox"/> Direct Unit Service                | <input type="checkbox"/> Organization of New Units       |
| <input type="checkbox"/> Adult Training                     | <input type="checkbox"/> Eagle Board of Reviews          |
| <input type="checkbox"/> Local Council Scout Shops          | <input type="checkbox"/> Uniform and Equipment Catalogue |
| <input type="checkbox"/> District Boy Scout Events          | <input type="checkbox"/> Activity Planning               |
| <input type="checkbox"/> Advancement Report Forms           | <input type="checkbox"/> Scouter Recognition Program     |
| <input type="checkbox"/> Year-Round Camp Facilities         | <input type="checkbox"/> Camporees                       |
| <input type="checkbox"/> Camp Ranger Service                | <input type="checkbox"/> Monthly Roundtables             |
| <input type="checkbox"/> Liability Insurance                | <input type="checkbox"/> District Cub Scout Events       |
| <input type="checkbox"/> Health and Activity Insurance      | <input type="checkbox"/> Reorganization of Units         |

### HELP US BRING SCOUTING ALIVE... SUPPORT FRIENDS OF SCOUTING TODAY

ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE.



Recognizing the contribution Scouting is making to the growth and development of my child, I support the Iroquois Trail Council in its efforts to provide the Scouting program for the young people of our council.

### FRIENDS OF SCOUTING Annual Giving Campaign

Levels of Giving	
<input type="checkbox"/> Patron .....	\$ 500
<input type="checkbox"/> Leadership .....	\$ 250
<input type="checkbox"/> Scouting Partner .....	\$ 175
<input type="checkbox"/> Family .....	\$ 100
<input type="checkbox"/> Scout .....	\$ 50
<input type="checkbox"/> Other .....	\$ ____



Received Patch  Date \_\_\_\_\_

Billing Instructions	
<input type="checkbox"/> Cash/Check Attached	
<input type="checkbox"/> Bill Me: <input type="checkbox"/> 1 Time <input type="checkbox"/> 2 Times <input type="checkbox"/> 3 Times	
<input type="checkbox"/> Charge my credit card (complete line below)	★ ★ ★ ★ ★ ★ ★ ★ ★ ★
<input type="checkbox"/> First-Time Contributor	
<input type="checkbox"/> Previous Contributor	

Credit Card Payment: ( Master Card) ( VISA) Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date \_\_\_\_\_

Print Name: \_\_\_\_\_  
First M.I. Last

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Signature required for pledges or credit card payments)