

Memorial/Workership/Campership Form

Please select one: Memorial - In Memory of: _____
 Workership/Campership

Donor Information (please print or type)

Name _____

Address _____

City, ST, Zip Code _____

Donation Information

I (we) wish to donation a total of \$_____.

I (we) plan to make this contribution in the form of: cash
 check # _____
 credit card

Credit card number _____

Exp. date | SRV # _____

Authorized signature _____

Next of Kin Information (optional)

Name _____

Address _____

City, ST, Zip Code _____

Please make checks payable to Erie Shores Council,
BSA:

Erie Shores Council, BSA
PO Box 8728
Toledo, OH 43623