



Colonial Virginia Council

Boy Scouts of America

2016 Friends of Scouting Campaign Pledge

I want to support LOCAL Scouting by making my Monthly Fair Share Sustaining Gift for 2016.

I pledge the following for the 2016 Friends of Scouting Campaign: (Please Check One)

- \$16.67 per month for twelve months, January 2016 - December 2016, for pledges made in January 2016
- \$18.18 per month for eleven months, February 2016 - December 2016, for pledges made in February 2016
- \$20.00 per month for ten months, March 2016 - December 2016, for pledges made in March 2016
- I would like to contribute \$_____ per month for _____ months
(number of months)

Payment / Billing Information: (Please Check One)

- I will set up an Automatic Bill Payment with my financial institution and have a check sent monthly made payable to Colonial Virginia Council and sent to P.O. Box 12144 Newport News, VA 23612
- I would like to have a monthly Electronic Funds Transfer set up from my financial institution to the council's monthly and have completed the Debit Authorization Form on the back of this Campaign Pledge Form
- I would like to receive a billing statement in the mail monthly
- I have provided my credit card information in the box below and would like my card charged monthly

OR

Pledge Information: I would like to contribute \$_____ for _____ year(s).

Please send me bills: Annually on _____ (date)
 Quarterly for remaining quarters of 2016 in equal payment installments

I prefer to pay in full now: (Check One) Cash enclosed Check enclosed
Payable to Colonial Virginia Council

Credit Card # _____

Expiration Date: _____ CVV#: _____

(Circle One) Visa MasterCard

Please complete the information below, including signature.

Donor Signature: _____ **Date:** _____

Contact Information:

District Name: _____ Scout Unit Type & Number: _____

Donor's Name: _____ Scout's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____

COLONIAL VIRGINIA COUNCIL, BOY SCOUTS OF AMERICA
PREAUTHORIZED DEBIT AUTHORIZATION FORM

This Preauthorized Debit Authorization Form ("this Form") must be completed and returned to COLONIAL VIRGINIA COUNCIL, BOY SCOUTS OF AMERICA ("Company") before any preauthorized debits may occur.

Name (Print) _____

(Please mark one)

- I/We hereby authorize preauthorized debits.
- I/We currently have preauthorized debit, but want to change my/our financial institution and account information.

(Please mark one)

- I/We hereby authorize preauthorized debits from my/our **CHECKING** account.

Financial Institution: _____ ("the Financial Institution")

Routing Number: _____

Account Number: _____

Amount per Month: \$ _____

Frequency: Monthly

Please attach a "Voided" check to this Form (NOT A DEPOSIT SLIP).

- I/We hereby authorize preauthorized debits from my/our **SAVINGS** account.

Financial Institution: _____ ("the Financial Institution")

Routing Number: _____

Account Number: _____

Amount per Month: \$ _____

Frequency: Monthly

Please contact the Financial Institution to obtain the correct routing number.

I/We authorize Company to debit the Financial Institution and account number designated above **on the 10th business day of the month or the nearest business date if the 10th is on the weekend.** I/We also authorize Company to obtain information from the Financial Institution pertaining to this Form, and to credit my/our account if a payment is debited in error.

I/We acknowledge that the origination of ACH transactions from my/our account must comply with the provisions of U. S. law.

I/We recognize that if I/we fail to provide complete or accurate information on this Form, the processing of this Form may be delayed and/or my/our preauthorized debit may be erroneously transferred. In the event that funds are erroneously transferred due to my/our failure to provide complete or accurate information on this Form, I/we hereby hold Company harmless for the recovery of such erroneous transfers, notwithstanding any reasonable attempts made by Company to correct such errors.

This authorization is to remain in full force and effect until Company has received written notification from me/us of its termination in such time and in such manner as to afford Company and the Financial Institution a reasonable opportunity to act on it.

(Print Name)

(Signature)

(Date)