



Girl Scouts of Virginia Skyline Council
CONTRIBUTION FORM

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

I/we are making a gift to Girl Scouts of Virginia Skyline Council, totaling \$ _____, toward the following fund(s):

\$ _____ Annual Giving (Friends of Girl Scouts)

\$ _____ Camp Sacajawea

\$ _____ Icimani Adventure Center

\$ _____ Other

My/our gift to GSVSC will be paid as follows:

With the enclosed:

_____ Check (payable to Girl Scouts of Virginia Skyline Council)

_____ Visa _____ MasterCard _____ Discover

Credit Card #: _____

Expiration Date: _____ 3-Digit Security Code: _____

_____ ACH Withdrawal from Checking or Savings (See Reverse Side)

With a gift of securities (details listed below):

With a pledge to be paid as follows:

Total Pledge: \$ _____

Please pay \$ _____ of my total pledge in the following payment increments:

_____ Monthly _____ Quarterly _____ Semi-Annually _____ Annually

To commence on: ____/____/____ and to end on ____/____/____

Signature: _____ Date: _____

My gift is in honor/memory of _____
on the occasion of _____
Honorees (or their families) will receive a special note indicating your gift. Please provide a name and address for notification:

My/our contribution is eligible for a matching gift:
_____ Form enclosed
_____ I will send a form separately

Girl Scouts of Virginia Skyline Council

ACH DEBIT AUTHORIZATION Form

AUTHORIZATION AGREEMENT – For Pre-Arranged Payments (ACH Debits)

Name:

I (we) hereby authorize:

hereinafter called DONOR, to initiate debit entries to my (our) Checking / Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

NOTE: The dollar amount indicated will be drawn from account indicated below on the last business day of each month.

Recurring Set Amount:

\$ _____

Range: Minimum \$ _____

Maximum \$ _____

Depository Name

Depository Address

Account Type

Transit / ABA Number

Account Number

CHECKING

SAVINGS

This authority is to remain in full force and effect until DONOR and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford DONOR and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) has the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

Please attach a voided check for account verification purposes.

Date:
_____, 20 ____

Name (please print)

Name (please print)

Signature

Signature

Thank you for your support of Girl Scouts of Virginia Skyline Council where, together with countless volunteers and the support from so many within our communities, we build girls of courage, confidence and character.

