



Family Partnership Donation Form

Family Partnership is part of our council's Annual Giving Campaign. This campaign provides a way for families and friends to help underwrite the cost of providing the Girl Scout program to every girl. You know first-hand that Girl Scouting works. You have seen how girls develop the courage to try new things, the confidence to use their voices, and the character to make a positive difference in their communities.

For a donation of \$25 or more, you will receive a special patch or tag for your existing patch. Girl Scouts of Southern Alabama invests more than \$420 per girl annually to provide the premiere leadership experience for girls. The membership fee goes directly to GSUSA. **But your investment stays local to provide quality services to more than 9,000 girls and volunteers.**

What does it cost to build tomorrow's leaders?

- \$25** Helps girls experience water safety by providing one life jacket.
- \$100** Provides healthy snacks for outreach troops serving 50 girls.
- \$420** Provides a year of Girl Scouting for one girl.
- \$1000** Provides one month of outreach program and supplies to girls in at-risk neighborhoods.

Donor Name(s) _____ SU/Troop _____

Mailing Address _____ City _____ ST ____ Zip _____

Phone _____ Email _____

- Please add me to the e-mail list.
- I am a Girl Scout alumna.

Gift Amount: \$25 \$100 \$420 \$1000 Other _____

Yes, please enroll me in the monthly giving program!

CREDIT/DEBIT CARD I authorize GSSA to charge my credit card \$_____ /month.
(Minimum \$10 per month. Credit cards will be charged on the 15th of each month.) *You may change or suspend your gift by contacting Alicia Schneider at 334. 272.9164 or aschneider@girlscoutssa.org.

Yes, I would like to make a one-time donation.

- CREDIT CARD** I authorize GSSA to charge my credit card a single payment of \$ _____ on ____ (date).
- CHECK** I have enclosed a check in the amount of \$ _____ (Make checks payable to GSSA).

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

Card Holder Name _____ Visa MasterCard Discover AMEX

Signature _____ Date _____

Want to double your gift? Check with your employer to see if your company will match your gift.
Thank you for your support!

Mail to: GSSA, 3348 Springhill Avenue, Mobile, AL 36608 **OR** 145 Coliseum Blvd., Montgomery, AL 36109

