



GREATER ST. LOUIS AREA
SCOUTING

2025 Annual Giving Campaign

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gift Amount: \$ _____

I would like my gift to go to the following Annual Giving campaign:

District: _____

Payment

One Time, quarterly, monthly: _____

Gateway Giver (\$/mo): _____