



GREATER ST. LOUIS AREA
SCOUTING

2026 Annual Giving Campaign

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Constituent ID: _____

Gift Amount: \$ _____

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

District: _____

Payment

One Time, quarterly, monthly: _____

Gateway Giver (\$/mo): _____

Note: If not indicated, pledge reminder will be sent out as a one time payment.

For Gateway Giver, please bring credit card information to Ann or Judy, do not email