

Campaign Finance Transmittal

District : _____

Date : _____

Unit FOS Chairperson Name and Phone : _____

Unit Number _____ Pack _____ Troop _____ Team _____ Crew _____

(Please make sure to enter a unit type and number above)

Only List contributors for which a pledge card or a Matching Gift Form is attached

	Contributor's Name	Total Gift / Pledge	Amount Paid	Form of Payment	Balance Due
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39.					
40.					
Totals for Each Column:					

*Matching Gift Forms are obtained from a contributor's employer.

Date Entered: _____ 	Unit FOS Gold Card Certification : Staff Use Only Gold Card Target Achieved: Yes _____ No _____ FOS / Golf / Auction / Other: _____ Staff Signature: _____ Date: _____
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