

COUNCIL PATCH ORDER FORM

Mail this form with total payment to: Girl Scout Council of Colonial Coast • 912 Cedar Road • Chesapeake, VA 23322

Deliver this form in person to: *A Place For Girls* • Peninsula Service Center • Elizabeth City Field Center

Fax this form to: (757) 547-1872

E-mail this form to janl@gsgccc.org

Name of troop leader/advisor/parent _____ Troop # _____ Age Level D B J C S

Street Address _____ City _____ State _____ Zip _____

Phone _____ E-mail address _____

Patch/Award name _____ Number _____

Patch/Award name _____ Number _____

Patch/Award name _____ Number _____

Patch/Award name _____ Number _____

Patch/Award name _____ Number _____

Enclose full payment with this form.

* Postage & Handling:	
Under \$5	= \$1
\$5.01 - \$10	= \$2.95
\$10.01 - \$25	= \$3.95
\$25.01 - \$35	= \$4.95
\$35.01 - \$45	= \$5.95
\$45.01 - \$35	= \$6.95
\$55.01 - \$45	= \$7.95
\$65.01 - \$45	= \$8.95
\$75.01 - \$35	= \$9.95
\$85.01 - \$45	= \$10.95
\$100 - over	= \$15

Total # of Council or Explore Patches _____ x \$2.25 = \$ _____

Total # of Council's Own Awards _____ x \$1.50 = \$ _____

Shipping & Handling (see chart) = \$ _____

Total amount enclosed = \$ _____

I agree that my account will be debited electronically for the face amount, return check fee and return deposit item fee if returned unpaid.

Adult Signature: _____ **Date** _____

Date Received for office use only:

Payment Receipt for office use only:

DEPOSIT # _____ **DATE** _____

RECEIPT # _____

CASH \$ _____ **CHECK \$** _____ **CHARGE \$** _____

PAYMENT METHOD: Cash Check Money Order Amount enclosed \$ _____ **Make check payable to GSCCC**

Please charge to my: VISA MasterCard Discover Amount to be charged: \$ _____

Account #: _____ -- _____ -- _____ -- _____ Expiration Date: _____ (Mo/Yr)

Print name as it appears on card _____ Authorized Signature: _____