girl scouts of the colonial coast

Campaign Year: _____

Family Partnership Campaign Audit

Service Unit Number: _____ e-mail: _____

Service Unit Chair Name: _____ Phone: _____

Mailing Address: _____

Street Address *City* *State* *Zip*

Please ensure all information is filled out completely and accurately; keep a copy for your records.

Troop/ Group Number	Troop Chair	# of Gifts	TOTAL COLLECTED				TOTAL Cash + Check + Pledges + Charges
			Cash	Checks	Charges	Pledges*	
Totals							

*Pledges must be paid and turned into the Council Office by May 31, 2012, no later than 4:30 p.m., to be credited to this year's Family Partnership Campaign. Pledges cannot be applied without the proper accompanying paperwork.

_____ _____

Verified by Service Unit Chair/VFA Date

Please include troop reports and all envelopes with this report.

rev. 9/12/2011