

I AM A PHILANTHROPIST

Program Submission Form

Adult Volunteer's Name Completing Form: _____

Troop Leader's Name (if different than above): _____

Address to send patches & thank you notes: _____

Troop # _____ Service Unit Name or # _____

Girl Scout Troop Level (circle one): Daisy Brownie Mixed Group

Troop Goal: \$ _____ Girls Donated: \$ _____

Girls' Names in Troop (For personalized thank you notes and patches)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Giving should be mailed by the individual to the Council along with the contribution form. However, if a parent/guardian gave you a donation and it is included in this envelope, please complete the following:

Parent's Name	Address	Family Donation Amt.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Suggestions or Comments: _____

GSHG Development Department: Teresa Laird: 185 Newton Bridge Road, **Athens**, GA 30607, 706-548-7297; Jamey Sprowls: 508 Shartom Drive, **Augusta**, GA 30907, 706-774-0505; Dawn Kaley: 110 Pipemakers Circle, Suite 116, **Pooler**, GA 31322, 912-236-1571; Cindy Wisham: 515 Pine Avenue, **Albany**, GA 31701, 229-432-9188; LaDon Shaw: 1344 13th Avenue, **Columbus**, GA 31901, 706-327-2646; Blair Train: 6869 Columbus Road, **Lizella**, GA 31052, 478-935-2221.