

OUR FOUNDATION

The Mission of the Potawatomi Area Council, Boy Scouts of America, in cooperation with chartered partner organizations is to help an ever-increasing number of youth mature into adults exhibiting traits of participating citizenship, character and personal fitness. These traits are founded upon the moral and ethical values expressed in the Scout Oath and Law.



SCAN ME



YOUR INVESTMENT HELPS PROVIDE:

- The opportunity for our youth to be a Scout
- Training for volunteer leaders
- First-class camping programs
- Council support
- Recruitment materials
- Online resources



BOY SCOUTS OF AMERICA®
POTAWATOMI AREA COUNCIL

804 Bluemound Rd, Waukesha, WI 53188
frontdesk@pacbsa.org
www.pacbsa.org
262.544.4881



2023 FRIENDS OF SCOUTING

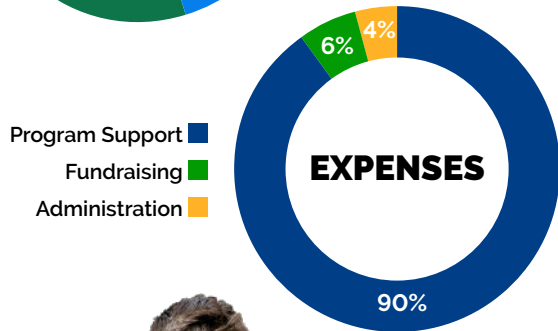
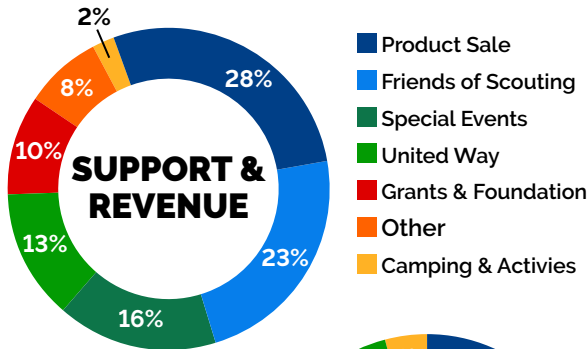
*"America Needs Scouting,
Now More Than Ever!"*



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MEASUREMENTS OF INVESTMENT

In the Potawatomi Area Council, we are building the leaders of tomorrow. Through Scouting's programs and adventures, we inspire leadership, character and service. Your investment helps support our movement. As we pass the torch of the future, it is only right that we provide the skills to succeed and excel.



RETURN ON INVESTMENT

4,148  **Registered Youth**

31,416  **Service Hours**

4,114  **Merit Badges Earned**

2,551  **Ranks Earned**

889  **Adults Trained in YPT**

125  **Eagle Scouts**

100,568  **Food Items Donated**

19,299  **Nights of Camping**

2023 FRIENDS OF SCOUTING

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone #: _____

District: _____

Unit Type: Pack Troop Crew Unit #: _____

I am an: Eagle Scout Eagle Scout Parent

My employer will match my gift

Company: _____

GIVING LEVELS

\$65 Help with Registration Fees **\$125** Registration Fees & Uniform

\$200 Be a Friend of Scouting **\$295** Sponsor One Scout

\$590 Sponsor Two Scouts **\$1,180** Sponsor Four Scouts

OTHER \$ _____

PAYMENT METHOD

Please charge my credit card

VISA **MasterCard** **DISCOVER** **AMERICAN EXPRESS**

Name on card: _____

Credit card #: _____

Expiration date: Month _____ / Year _____ CVV: _____

Signature: _____

Date: _____ / _____ / _____

Cash Check *Please make checks payable to PACBSA*

Please bill my pledge

Bill me one: Month of _____

Bill me monthly through December

Bill me quarterly through December

THANK YOU FOR YOUR DONATION!

Potawatomi Area Council is a 501C3 organization and all donations are tax deductible.

Please return to Potawatomi Area Council
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