BOY SCOUTS OF AMERICA

VISA OR MASTERCARD CHARGE INVOICE FOR DUPLICATES

Fax: (972) 580-7894

Date: _____ Telephone: Home: _____

Office: _____

*Cardholder Name: _____

Cardholder Address: _____

City/State/Zip Code: _____

*Visa/Mastercard Number: _____

*Expiration Date: _____
(Month/Year)

Please Check the Appropriate Box(es):

- ❑ Overnight Mail - $15.00
- ❑ Pocket Card - $5.00
- ❑ Eagle Packet - $11.00
- ❑ Wall Certificate - $3.00
- ❑ Letter - $3.00

Total Charge Amount: _____

Charge Approval By: Phone: _____ Signature: _____

*Name of Eagle Scout(s): _____

*Personal Identification Number (PID): _____

*Birth Date: _____

*Eagle Scout Award Date: _____

*Date Needed: _____

*Council Name: _____ *Council No.: _____

*Send information/materials to:

❑ Cardholder ❑ Other Address

_____ _____

_____ _____

_____ _____

Overnight requests received after 12:00 PM CST will be processed the next business day.

National Office Use Only

Authorization Code: _____ Account # 67001-2350 Amount: _____

Date Processed: _____

Per: _____ Account # 72451-2350 Amount: _____

*** Information that must be given in order to process request.**