

Gift of Caring

Troop Report - Please complete this form and turn it in with your cookie payment so that we can record the # of boxes received by each charity. If your troop has a December booth sale and plans to collect more boxes at the booth, please turn in the form with your booth sale payment.

SU _____

Troop _____

Boxes delivered _____ Date Delivered _____

“Gift of Caring” Agency _____

Address _____

Name of person receiving for agency _____

Signature _____

“Going Places - Share” Patch Order

SU _____

Troop _____

Leader _____ Phone # _____

Patches ordered _____ @ 65¢ each = \$ _____ Check # _____

(Checks payable to GSHNJ)



Patch orders received by Dec. 1 will be distributed at the January leaders' Meetings