

2010 Gift of Caring Participation Report

To be used if not participating in the Council Troops Helping Troops Project



Region 1 2 3 4 Service Unit # ____/____/____ Troop _____

Troop Cookie Manager Name (please print) _____

Address _____

City _____ Zip _____ E-mail _____

Number of Boxes donated to the organization(s): _____

Name of organization(s) adopted by the troop/group:

Date Delivered:

Brief summary of the services the organization(s) provide(s):

_____ YES, we would like to order the Gift of Caring patches.

_____ # of patches needed x \$0.50 = \$ _____

_____ NO, we do not wish to order patches.

**Complete form and attach troop check payable to: Girl Scouts Louisiana East
Submit to SUCM with your final paperwork by March 17, 2010**