

Girl Scouts of Southern Illinois
Spring 2010

SWEET TOOTH



TAKE ACTION PROJECT PARTICIPATION & PATCH ORDER

**Please fill out even if you are NOT ordering patches*

Deadline is March 1, 2010

Leader/Advisor Name _____

Troop # _____ GS Grade Level _____ Service Unit # _____

#of girls that participated _____

Address _____ City _____ Zip _____

Phone Number _____ E-mail _____

Where did you donate items to: _____

_____ City _____

Number of toothbrushes/toothpastes that were donated _____

*PLEASE FILL OUT BELOW IF ORDERING PATCHES:

patches ordered _____ x \$2.00 = Total amount enclosed\$ _____

Payment: Check enclosed (Make checks out to GSSI):

check # _____ Amount: \$ _____

Credit Card: Master Card Visa Discover

Card Number : _____ Expiration Date: _____

Amount: \$ _____ Signature: _____

All Patches are \$2.00