



BOY SCOUTS OF AMERICA®
BLACK SWAMP AREA COUNCIL

HONOR YOUR EAGLE SCOUT
 BY MAKING THEM A JAMES E. WEST FELLOW

Who was James E. West?

James E. West was the first Chief Scout Executive of the Boy Scouts of America, and served in that position for more than three decades.

What is the James E. West Fellowship Award?

A gift to a local council, designated by the donor to the council endowment fund, qualifies for membership as a James E. West fellow. The gift must be in addition to—and not replace or diminish—the donor’s annual Friends of Scouting support. A minimum gift of \$1000 in cash or marketable securities qualifies for the Bronze level membership. Donors may make cumulative gifts to reach Silver, Gold, and Diamond member levels. Many individuals and corporations make these gifts either on behalf of someone else—such as in honor of an Eagle Scout.

What will your Eagle Scout receive?

As a James E. West fellow, your Eagle Scout will receive a certificate, lapel pin, and a knot for his uniform. The gift of a James E. West Fellowship in honor of your son’s achievement as an Eagle Scout, will deliver funds to support the Scouting program in Northwest Ohio in perpetuity.

For more information, please contact Marc Kogan at marc.kogan@scouting.org or (419) 422-4356.

James E. West Fellowship

Please mail form and payment to:
 Black Swamp Area Council, BSA
 2100 Broad Ave, Findlay, OH 45840

Your Name _____

Phone _____ Email _____

To be recognized:

Eagle Scout’s Name _____ Troop _____

Name for Certificate _____ Eagle Month/Year _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

I would like more information on planned giving.

- | | |
|---|---|
| <input type="checkbox"/> \$1,000+ Bronze Member Level | <input type="checkbox"/> \$10,000+ Gold Member Level |
| <input type="checkbox"/> \$5,000+ Silver Member Level | <input type="checkbox"/> \$15,000+ Diamond Member Level |

Payment Information:

- I prefer to pay now by Check (made payable to **Black Swamp Area Council**) Credit Card
- Please bill me
- Charge my credit card: Immediately Monthly for one year Once in (list month) _____
- Credit Card Type: Visa MasterCard Discover AmEx

Card No. _____ Expiration Date ____/____/____ CVV No. _____

Signature _____