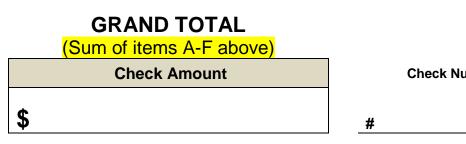
LOUISIANA DIVISION 2019-2020 DUES & OPTIONAL GIVING TRANSMITTAL REPORT

(MAKE COPIES AS NEEDED)

| CAMP NAME: | | CAMP # |
|--------------|-------|-------------|
| Reported By: | | Telephone # |
| EMAIL Add | ress: | |

Use this form to report *itemized* amounts included in your enclosed check to Division......Please print clearly and legibly.

| Α | В | С | D | Е | F | N/A | G |
|------------------------|--|--|--------------------------------|---------------------------|--|-----|---|
| Total Division Dues | Division Operations <i>MRS Line #1</i> | Elm Springs Building Fund <i>MRS Line #2</i> | Giant Flag Fund MRS Line #3 | Camp Moore MRS Line #4 | Louisiana Division Legal Defense Fund <i>MRS Line #</i> 5 | N/A | ADDITIONAL \$\$ FOR CAMP MRS Line #6 (Retained by Camp) |
| \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |



Return this form with your Check to:

LOUISIANA DIVISION SCV **BOBBY HERRING, DIVISION ADJUTANT** P.O. Box 8428 SHREVEPORT, LA 71148-8428

Make Checks payable to: LA Division - SCV

| Check Number | Check Date | amount you send to the Division. | |
|--------------|------------|-------------------------------------|--|
| | | This is for accounting | |

IMPORTANT!

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Do not include Optional Giving to

your Camp (line

G above) in the

purposes only and

IRS Verification.

When returning this form, please include a list of the members you are paying for. Your SCV Camp Roster with highlighted names will work very well for this purpose, but any legible list that clearly shows who you are paying for will do. Please be sure to include their SCV ID# (if you have it) for cross reference.