

Our family will enroll at the following level:

Family \$125.00 per year (One Youth for one year)

Leadership \$250.00 per year (Two youth for one year)

Patron \$500.00 per year

Honor \$750.00 per year

Golden Eagle \$1000.00 per year

* \$125 and above Receive a Special Edition
Cimarron Council Strip

Sponsor \$2,500.00

Benefactor \$5,000.00

*\$500 and above Receive
a Special Edition Joseph
Csatari Framed Print



We cannot join at one of the above levels at this time, but enclosed is our gift of \$_____ to help strengthen the character, fitness and citizenship of the youth in the Cimarron Council.

Payment Method (please circle): Annual Semiannual Quarterly Monthly *

Please charge my: Master Card - Visa Card (Circle one) Number: _____ Exp. __ / __

My employer makes matching gifts. Employer Name: _____

Cimarron Council, BSA, 317 N. Grand St., Enid, OK 73701 - www.cimarronbsa.org

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Email: _____

