

James E West Fellowship Award Application

The James E. West Fellowship is to recognize a gift to the Greater St. Louis Area Council designated by the donor to the Council Endowment Fund. Donors may make cumulative gifts to reach Silver, Gold and Diamond levels.

Name to appear or	certificate:				
Company name (if	applicable):				
Mailing Addresses:					
City:			Zip Code	2:	
Phone:		Email:			
I would like to join tl	ne James E. West Fell	owship at the followi	ng member	level.	
□ \$1,000+	Bronze Level Fellow				
□ \$5,000+	Silver Level Fellow				
□ \$10,000+	Gold Level Fellow				
□ \$15,000+	Diamond Level Fe	Diamond Level Fellow			
into program delive	ery. Donors are rec		ficate in a	inual earnings are then reinvested back leather bound presentation folder, a	
Name of Donor (if di	fferent than above):				
This Gift is:	☐ In honor of	☐ In memory of		Anonymous	
		embership as a James Area Council, Boy Sco		ellow, I hereby designate my gift to the erica.	
Paid by:	by: check		М	arketable Securities	
Please charge my c	redit card Masi	terCard/Visa/America	n Express	(please circle one)	
#	Exp				
Signed:			Date:	Date:	
☐ I would like mor	e information about l	how I can remember	:he Greater	St. Louis Area Council in my estate.	

Please complete this form (and attached your gift, if applicable) and submit to the Greater St. Louis Area Council Planned Giving Department, 4568 West Pine Blvd., St. Louis, MO 63108.