

VISIT WWW.GSNC.ORG/GIFTCARDS FOR ADDITIONAL FORMS
CHECK CURRENT CARD BALANCE AT WWW.MERCURY-GIFT.COM

I am requesting Cookie Credits be applied to:

(Name of Activity/Event) _____

For my daughter _____ in Troop # _____
First Name Last Name

Troop Leader's Name _____

Deduct the amount of _____ dollars from our card

7744940 -

Parent Name (print)

Signature

Mail To:

Business Assistant, Program Services

Girl Scouts of Nassau County

110 Ring Road West

Garden City, NY 11530

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