



Caring for your *Heart*

Patch Order Form & Activity Report



Leader/Contact Name: _____ Email: _____

Troop # _____ Program Level: (circle one) Daisy Brownie Junior Cadette Senior

Address: _____ City: _____

Zip Code: _____ Phone: _____

Number of girls who earned this patch: _____

Thank you for helping your troop earn the Go Red for Women™ Heart Health Patch. We believe that each girl reached by this program brings us a step closer to promoting a healthier generation of women. Please help us by sharing your thoughts on how we might improve this program.

What did the girls enjoy most about this program? What did they enjoy least?

Would you recommend it to other Girl Scout troop leaders? Why or why not?

What would you do to improve this program for future leaders and Girl Scouts?

Email photos of your troop participating in the **Go Red for Women™ Heart Health** activities to ccolvell@nshs.edu. Pictures may be featured on the North Shore-LIJ Health System, American Heart Association and/or the Girl Scouts of Nassau County websites and publications.

Funding for this patch has been provided by the North Shore-LIJ Health System. www.northshorelij.com



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Go Red for
Women Sponsor.



American Heart Association
Learn and Live

Go Red™ of AHA, Red Dress™ of DHHS

