girl scouts of san gorgonio

Region: _____

Troop #: _____

Cookie Program I Care Distribution Form

One Form Per Troop

Leader/Product Coordinator: _____ Date: _____

Total Designated Distribution from your Troop:

_____Deployed Military
_____Homeless Shelters
_____Hospice of the Valley
_____Children's and Veteran's Hospitals
_____Domestic Violence Shelters
_____Food Banks
_____Please give the cookies to those who need them the most.

Total number of Physical donated boxes: _____

Total number of Virtual donated boxes: _____

Total number of boxes donated by our troop: _____

White: Council Yellow: Troop
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S/Product Sales/Forms/Cookie Program I Care Distribution Form 12/18

girl scouts of san gorgonio

Region: _____

Troop #: _____

Cookie Program I Care Distribution Form

One Form Per Troop

Leader/Product Coordinator: _____ Date: _____

Total Designated Distribution from your Troop:

_____Deployed Military
_____Homeless Shelters
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S/Product Sales/Forms/Cookie Program I Care Distribution Form 12/18