

## **OA** Legacy Fellowship Application

Name (As to appear or	the certificate):	
Street Address:		
City:	State:	Zip:
Email:	Phone #:	
Council:	Lodge:	
Date of James E West I	Fellowship with local BSA Council:	
$\Box$ I am the Recipient $\Box$ This is an anonymous gift, and I do not want to be recognized publicly.		
☐ This is intended to be a gift presented to the recipient above, being made by:		
Name: Street Address:		
City:	State:	Zip:
Email:	Phone #:	
<ul> <li>Gold \$15,000 Donation to the Restricted OA Endowment</li> <li>□ One-time \$15,000 gift OR □ Five \$3,000 gifts spread over 5 five consecutive years.</li> <li>□ Platinum \$25,000 Donation to the Restricted OA Endowment</li> <li>□ One-time \$25,000 gift OR □ Five \$5,000 gifts spread over 5 five consecutive years.</li> <li>*** Previous donors to the Legacy Fellowship will be credited with their prior gift(s) should they make a new gift. ***</li> </ul>		
	for (minimum \$1,000) \$_ National Boy Scouts of America Foundation; indi	cate "OA Endowment" in memo line)
☐ Bill my Credit Card:		Expiration Date: / 20
□ Securities Transfer (Gift transfer instructions are provided as a separate document)		
☐ Gift from Donor Adv BSA Foundation contact	rised Fund or Qualified Charitable Distributi et me)	on (please have someone from the
Our signatures below indi Legacy Fellow.	icate that the recipient is a James E. West Fello	w and is eligible to become an OA
Recipient / Donor Scout Executive		
Please mail this form & payment (if included) to:	National Boy Scouts of America Foundation c/o Order of the Arrow Endowment 1325 West Walnut Hill Lane	For Internal Use Only: Gift Received:

PO Box 152079 Irving, TX 75015-2079

Gift Entered: Recognition Mailed: