



Juliette Deposit Form

Please send this form to Council with any funds associated with a Juliette (Individually Registered Girl Scout). All funds need to be in the form of a check/money order. Please **do not** mail cash. If you are sending in checks from cookie or fall sale customers, please make sure the check date is **within** 30 days of mailing to Council.

Date: _____ Name of Girl Scout: _____
Caregiver Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email Address: _____

What are the funds for?

- Cookie Program Year _____
- Fall Program Year _____
- Transfer from a Troop account

Troop # _____ Troop Leader Name _____

- Money Earning Activity
- Other _____

Amount Submitted _____

Please mail the completed form with the funds to:

GSMW
2303 Grand Ave.
Billings, MT 59102

Caregiver Signature (funds for Product Programs/Money Earning Activities)

OR

Troop Leader Signature (funds from a troop)
