



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)
