

Cookie Program Caregiver Collection Form

Collection forms must be submitted no

later than the date of the final scheduled

ACH for the Cookie Program

Complete this document when the troop cannot collect payment from a caregiver for their Girl Scout's cookie order by specific deadlines. Do not use troop proceeds for unpaid cookie balances.

Submit the following documentation along with this Caregiver Collection Form:

- Signed <u>Annual Permission Form</u>
- Signed receipts showing product received/returned
- Signed receipts for any money collected
- Other relevant information demonstrating an attempt to collect payment from the caregiver, such as text messages and/or emails.

Submit the completed form and documentation to:

- GSNYPENN, Attn: Cookie Collections 960 James Street, 2nd Floor, Syracuse, NY 13203
- Or scan and email to info@gsnypenn.org, Subject: Cookie Collections

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Service Unit Name/Number			5 Digit Troop #		_Date
Troop Lead	der/Troop Cookie Mana	ger			
Email			Phone ()	
Caregiver with balance due First & Last Name					
Email			Phone ()	
Street		Ci	ty	State_	Zip
Girl Scout's First & Last Name					
TOTAL NUMBER OF PACKAGES GIRL SOLD*:					_PACKAGES
*Value must equal what the caregiver has signed for					
TOTAL VALUE OF COOKIES (\$6.00 per package)			\$		<u> </u>
TOTAL AMOUNT CAREGIVER PAID			\$		<u> </u>
BALANCE DUE (amount of collection):			\$		_
DOCUMENT ALL ATTEMPTS TO CONTACT - PLEASE USE ADDITIONAL PAPER IF NEEDED:					
Date:	Spoke with:	Result of conversation:			