



UNPAID FUNDS COLLECTION FORM

Must be submitted to productprograms@gshnj.org by:
Fall Product - December 3, 2018 Cookies - April 22, 2019

Troop #: _____ Service Unit Name/Number: _____

Troop Product Manager/Leader Name: _____ Phone #: _____

Email: _____

Unpaid Funds Information

Responsible Party: Parent/Caregiver

Parent/Caregiver: _____

Girl Name: _____

Address: _____ City: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____

Original Amount Due: \$ _____ Payments Made to Date: \$ _____ Current Due: \$ _____

- Signed Parent/Caregiver Permission Slip must be attached**
- Signed receipt that parent picked up cookies**

Troop Product Manager/Leader Signature: _____ Date: _____

Cookie Program 20____ Fall Program 20_____

Internal Use Only:
 In S.F. Case #: _____

Please provide communication notes below and any other background information on back

First Contact Attempt Date: _____ Time: _____ Contact Type: _____
(Phone, Email, Social Media, etc.)

Conversation Details/Notes: (Please provide screenshots if available)

Second Contact Attempt Date: _____ Time: _____ Contact Type: _____
(Phone, Email, Social Media, etc.)

Conversation Details/Notes: (Please provide screenshots if available)
