



501 South College Avenue, Newark, DE 19713, 302-456-7150 or 800-341-4007, 302-456-7188 Facsimile

## Parent/Guardian Past-Due Cookie Payment Request

Service Unit: \_\_\_\_\_ Troop: \_\_\_\_\_ Date mailed: \_\_\_\_\_

### Person Responsible for money due to Troop

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

Total amount owed: \$ \_\_\_\_\_ Amount paid to date: \$ \_\_\_\_\_ Balance due: \$ \_\_\_\_\_

Cookies received on behalf of: \_\_\_\_\_  
Girl's name

According to the records for the Troop, you still owe for Cookies received during the current Cookie Program. The date for final payment has passed. A copy of this notice has been sent to the GSCB office as part of the required paperwork for the Cookie Program. Please contact me at the number below to make immediate arrangements to pay the balance due.

In signing for the Cookies received, you accepted full financial responsibility and agreed to submit payments according to the established deadline dates. Girl Scout Troops depend on funds generated by the Cookie Program to meet the expense for program goals planned by the girls. In order to make payment to GSCB and meet Troop expenses, full payment must be received within five days from the postmark of this letter. The girls are counting on your prompt attention to this matter.

Upon receipt of Parent/Guardian Past-Due Cookie Payment Request form, GSCB will turn your account over to our collection agency. There will be a \$30 fee charged to all unpaid accounts. If there is no response after submission to the collection agency, legal action will be taken to collect the funds owed to the Girl Scouts.

Thank you, in advance, for your cooperation.

\_\_\_\_\_  
 Troop Cookie Manager Phone number

<p><b>Troop Cookie Manager:</b>          Upon payment receipt, please note payment information in the box and submit to the GSCB office. This notification will stop any collection action on behalf of the Troop.          Thank you.</p>	<p>Date payment received: _____          Amount of payment: _____          Received by: _____          Balance due: _____          If not paid in full, please note payment arrangements: _____          _____</p>
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White copy – To above addressee – to be mailed certified, return receipt requested.  
 Yellow copy – To GSCB office with final paperwork: attach certified mail receipt.  
 Pink copy – To Service Unit Cookie Program Manager.  
 Gold copy – Retained by sender *(Please use to report payment in the shaded box above.)*

