



Girl Scouts Heart of the Hudson, Inc.

Cookie Credit Form

(To be used by Girl Scout Communities and troops/groups requesting cookie credit usage for Council approved trips, programs and camping per GSUSA Safety-Wise standards)

Troop # _____ Level: _____ Girl Scout Community: _____

Troop Leader/Advisor's Name: _____

Troop Leader/Advisor's Address: _____

Purpose & Date of Cookie Credit Use: _____

(Please attach approved Trip Activity Notification form and each girl's cookie credit gift card)

Girl Scout's Name: _____ Serial #: _____ Amt. Requested: \$ _____

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Please forward this completed form to the Pleasantville office attn: Admin of HR and Finance. Allow six weeks for processing.

Girl Scouts Heart of the Hudson, Inc. will verify the balance on the cards and send a check to the name and address indicated above. Cookie credit gift cards will be returned to the girl. **Lost cards** will be replaced for a \$3 fee, which will be deducted from the cookie credit balance.

For office use only: Serial #'s verified _____ Issued _____

Kingston Office
65 St. James Street
Kingston, NY 12401
845.790.2326
FAX: 845.338.6802

Middletown Office
162 Bloomingburg Rd.
Middletown, NY 10940
845.236.6002
FAX: 845.609.7251

New City Office
211 Red Hill Rd.
New City, NY 10956
845.638.0438
FAX: 845.638.2804

Pleasantville Office
2 Great Oak Lane
Pleasantville, NY 10570
914.747.3080
FAX: 914.747.4263

Poughkeepsie Office
3 Neptune Road
Poughkeepsie, NY 12601
845.452.1810
FAX: 845.452.1878