Girl Scouts of Eastern Iowa & Western Illinois

Cookie Sale Program Problem Collection Form

Please make copies of this form as needed.

Troop #_____ Service Unit _____Date _____

Your Name _____

Address _____

City/ST/Zip _____

Use the space below to adequately describe any problem you have had in collecting money due from the Cookie Sale Program. Please give as much information as you can in order to assist the council in collecting what is owed. Thank you for your assistance.

Girl Name _____

Parent/Guardian Name _____

Address _____

City/ST/Zip _____

Phone Number (_____)_____ Email: _____

Amount Owed $_____._____

Description of attempts to collect: _____

_____

_____

_____

_____

_____

_____

_____

_____

The signed permission form and the signed receipt for cookies must also be included in order to receive reimbursement.

Send paperwork to:
Attn: Cookies, GSEIWI, 2600 Edgewood Road SW, Suite 114
Cedar Rapids, Iowa 52404