

Please mail Registration to:

FILE NUMBER \_\_\_\_\_

Contracted Fundraisers Division  
1700 West Washington, 7<sup>th</sup> Floor  
Phoenix, AZ 85007  
Tucson Office: 400 W. Congress Ste. 252  
(602) 542-6187  
(800) 458-5842



**CONTRACTED FUNDRAISER  
SOLICITATION NOTICE**  
A.R.S. §44-6554D

1. Name of Contracted Fundraiser: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

Telephone: ( ) \_\_\_\_\_

2. Name of Charitable Organization for whom promotion is being conducted:  
\_\_\_\_\_

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

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

Telephone: ( ) \_\_\_\_\_

3. Name and/or description of promotions: \_\_\_\_\_  
\_\_\_\_\_

4. Dates of contract: Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

5. The written contact shall clearly state the respective obligations of the contracted fundraiser, the charitable organization and the compensation terms of the contracted fundraiser. Please attach a copy of the contract.

6. Will the contracted fundraiser have custody of the contributions at any time?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

7. The location and telephone number from which the solicitations will be conducted:

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

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

Telephone: ( ) \_\_\_\_\_

ATTACH ADDITIONAL SHEETS IF NECESSARY

8. Name and resident address of each person responsible for directing and supervising the conduct of the solicitation campaign:

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

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

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

Telephone: ( ) \_\_\_\_\_

ATTACH ADDITIONAL SHEETS IF NECESSARY

I, the undersigned, swear under penalty of the law that the representations made in this Solicitation Notice are true and accurate.

Contracted Fundraiser Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contracted Fundraiser Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public Signature \_\_\_\_\_

(NOTARY SEAL)

The following is to be signed by an officer of the Charitable Organization on whose behalf the Contracted Fundraiser is acting.

I certify that the information stated in the Solicitation Notice is true and complete to the best of my knowledge.

Name of Charitable Organization: \_\_\_\_\_

Name of Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

(NOTARY SEAL)