

MAIL TO:
Office of the Attorney General
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-7613

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

NOTICE OF INTENT TO SOLICIT FOR CHARITABLE PURPOSES COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES

Section 12599, California Government Code
11 Cal. Code Regs. section 308



Official Name and Address of Commercial Fundraiser for Charitable Purposes: Name of commercial fundraiser for charitable purposes _____ Address (Do Not Use P.O. Box) _____ City or Town, State and ZIP Code _____	CF Registration Number _____ Federal Employer I.D. Number _____ Telephone Number () _____ E-mail Address _____
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Official Name and Address of Charitable Organization: Name of charitable organization _____ Address (Do Not Use P.O. Box) _____ City or Town, State and ZIP Code _____	CT Registration Number _____ Federal Employee I.D. Number _____ Telephone Number () _____ E-mail Address _____
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Identify fundraising methods to be used. Check all that apply:

<input type="checkbox"/> Auction <input type="checkbox"/> Baby Pageant <input type="checkbox"/> Circus <input type="checkbox"/> Direct Mail <input type="checkbox"/> Entertainment Event <input type="checkbox"/> Publication <input type="checkbox"/> Sports Event <input type="checkbox"/> Theater <input type="checkbox"/> Vending	<input type="checkbox"/> Beauty Pageant <input type="checkbox"/> Concert <input type="checkbox"/> Discount Coupons <input type="checkbox"/> Honor Boxes <input type="checkbox"/> Salvageable Personal Property <input type="checkbox"/> Telemarketing <input type="checkbox"/> Thrift Store <input type="checkbox"/> Other	<input type="checkbox"/> Advertising Sales <input type="checkbox"/> Car Donations <input type="checkbox"/> Dinner <input type="checkbox"/> Door-to-Door Solicitation <input type="checkbox"/> Magazine Sales <input type="checkbox"/> Safety Products <input type="checkbox"/> Telephone Solicitation <input type="checkbox"/> Trash Bags
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Projected dates when performance under the contract will commence and terminate:

Fundraising Activity	Beginning Date	Ending Date

Please indicate the name, address, and telephone number of the person responsible for directing and supervising the work of the commercial fundraiser for charitable purposes under the contract:

Name _____

Address _____

Telephone Number _____

I certify under penalty of perjury that I am authorized to sign this form and that the information provided herein, including attachments, is true and complete to the best of my knowledge and belief.

Signature	Printed Name	Title	Date
<div style="border: 1px solid black; width: 100%; height: 30px; background-color: #cccccc;"></div>	<div style="border: 1px solid black; width: 100%; height: 30px; background-color: #cccccc;"></div>		