

North Carolina Solicitation Campaign Notice

North Carolina Secretary of State - Charitable Solicitation Licensing Division Contact Information:



Agency Website: <http://www.sosnc.gov>
Email Address: csl@sosnc.gov; **Telephone:** (919) 814-5400
Toll Free for NC Residents: 1-888-830-4989 **Fax:** (919) 814-5398
Mailing Address: Charitable Solicitation Licensing, P.O. Box 29622, Raleigh, NC 27626-0622

Instructions: ANSWER ALL QUESTIONS. This form is to be **COMPLETED AND FILED** with the Charitable Solicitations Licensing Division **NO LESS THAN FIVE DAYS BEFORE COMMENCING ANY SOLICITATION CAMPAIGN OR EVENT.** Any changes in any information filed with the Department under this section shall be reported in writing to the Department within seven (7) days after the change occurs.

- This form must be printed out and submitted directly to Charitable Solicitation Licensing (CSL).
- Attachment instructions: **DO NOT STAPLE OR BIND YOUR DOCUMENTS TOGETHER.** If an answer requires more space than the form permits, please provide your answer as an attachment identified by the question letter.
- Please submit all attachments on "letter"-sized (8.5" x 11") paper.

I. GENERAL INFORMATION FILL OUT COMPLETELY If more space is needed, attach additional pages and reference the item.

A. Name of Solicitor exactly as it appears on North Carolina Solicitor's License	B. N.C. Solicitor's License Number	C. Expiration Date	D. Phone Number
E. Street Address of Solicitor	F. City	G. State	H. Zip Code
I. Name of Charitable Organization or Sponsor for whom solicitations will occur as it appears on North Carolina Solicitor's License	J. N.C. Solicitation License Number	K. Expiration Date	L. Phone Number
M. Street Address of Charitable Organization or Sponsor	N. City	O. State	P. Zip Code

II. CAMPAIGN INFORMATION FILL OUT COMPLETELY If more space is needed, attach additional pages and reference the item.

A. Is this an on-going campaign lasting more than one year?	B. Beginning date of campaign covered in this notice.	C. Ending date or anniversary of campaign covered in this notice.	D. Will the solicitor, at any time, have custody of contributions?
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO

E. Description of the Solicitation Event or Campaign	F. Description of the charitable program for which the solicitation campaign is being carried out as provided in the contract between solicitor and charitable organization
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II. CAMPAIGN INFORMATION (continued) FILL OUT COMPLETELY If more space is needed, attach additional pages and reference the item.

G. Provide each location and telephone number from which the solicitation is to be conducted (Attach additional pages if needed and reference the item)

Street Address:	<input type="text"/>	Street Address:	<input type="text"/>
City:	<input type="text"/>	City:	<input type="text"/>
State and ZIP:	<input type="text"/>	State and ZIP:	<input type="text"/>
Office Telephone #:	<input type="text"/>	Office Telephone #:	<input type="text"/>

H. Provide the legal name and residence address of each person responsible for directing and supervising the conduct of the solicitation campaign (Attach additional pages if needed and reference the item)

Name:	<input type="text"/>	Name:	<input type="text"/>
Street Address:	<input type="text"/>	Street Address:	<input type="text"/>
City:	<input type="text"/>	City:	<input type="text"/>
State and ZIP:	<input type="text"/>	State and ZIP:	<input type="text"/>
Office Telephone #:	<input type="text"/>	Office Telephone #:	<input type="text"/>

I. Provide the account number and location of each bank account where receipts from the campaign are to be deposited. **Bank account information will NOT be made public.** (Attach additional pages if needed and reference the item)

Account Number:	<input type="text"/>	Account Number:	<input type="text"/>
Name of Bank:	<input type="text"/>	Name of Bank:	<input type="text"/>
Street Address:	<input type="text"/>	Street Address:	<input type="text"/>
City:	<input type="text"/>	City:	<input type="text"/>
State and ZIP:	<input type="text"/>	State and ZIP:	<input type="text"/>

III. METHOD OF FUNDRAISING (Check all boxes that apply)

Door-to-Door Entertainment Event Telemarketing Internet Direct Mail Sale of Products

Other (Explain)

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IV. SIGNATURE AND NOTARIZATION

I swear or affirm that I am an authorized official of the solicitor and I certify under oath that the information furnished in this financial report and all supplemental forms, reports, documents, and attachments are true and correct to the best of my knowledge under penalty of perjury. **SIGN ONLY WHEN IN THE PRESENCE OF A NOTARY PUBLIC.**

Signature: _____

Signer's Name (Type or Print):

Signer's Position:

Notarization: The following is for a notary public to place you under oath and then notarize your signature:

County: _____

State: _____

Sworn to and subscribed before me this date of (MM/DD/YYYY): _____

Notary Public's Signature: _____

Notary Public's Name: _____

Date Notary Public's Commission Expires: _____

If using a notary stamp or seal, stamp or imprint seal in the rectangle below:



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IV. SIGNATURE AND NOTARIZATION

MAINTAIN A COPY OF THIS FORM FOR YOUR RECORDS