



1. Legal Name of Organization: \_\_\_\_\_
- a. Doing Business As (DBA) Names: \_\_\_\_\_  
(If applicable)
- b. Former Names Used by the Charity: \_\_\_\_\_  
(If applicable)
- c. Organization's Website: \_\_\_\_\_  
(If applicable)
- d. Please provide a contact person for your organization:

_____	_____
Name	Title
_____	
Address, City, State, Zip Code	
_____	
_____	_____
Daytime Phone	Email

2. Physical address of your organization: \_\_\_\_\_  
Street Address, City, State, Zip Code

3. Purpose for which this organization was formed: \_\_\_\_\_

4. All organizations completing this form must provide the names of any professional solicitors, professional fundraising counsel, or commercial co-venturers conducting fundraising activities for the organization. (Check one)
- Organization does not use professional solicitors, professional fundraising counsel, or commercial co-venturers.
- List of professional solicitors, professional fundraising counsel, or commercial co-venturers is attached.

5. **School Districts:** Please provide a list of schools and any student organization within the schools that do not maintain separate financial accounts or a separate federal Employer's Identification Number (EIN) from the school and whose fundraising revenues are deposited in the school's student activity fund.

I certify that the information furnished in this application and all attached supplementary information is true and correct to the best of my knowledge, information and belief. I understand that the giving of false or incorrect information may constitute a misdemeanor carrying a penalty upon conviction of a fine of not more than two thousand dollars or imprisonment for not more than one year, or both, for a first offense. A second or subsequent offense may constitute a felony carrying a penalty upon conviction of a fine of not more than five thousand dollars or imprisonment of not more than five years, or both.

**CHIEF FINANCIAL OFFICER / TREASURER**

**CHIEF EXECUTIVE OFFICER / PRESIDENT**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number