

Charitable Organization Disclosure Form

Registrants must provide a copy of the contract between the registrant and **each** charitable organization that receives funds solicited by the registrant in or from Iowa during this registration period.

If a registrant solicits funds for more charitable organizations than space allows, additional charities must be reported on supplemental Charitable Organization Disclosure Forms.

Name of Professional Fundraiser:

Name of charitable organization:

Solicitation Dates:

Begin Date

End Date

Soliciting will be conducted by:
(check all that apply)

Telephone

Electronic Media (TV, radio)

Print Media (newspapers, magazines)

Direct Mail

Door-to-door

Other

If persons will be contacted by telephone and mail, how will the initial contact be made? Telephone Mail

Are contributions made to the charitable organization tax deductible? Yes No

If soliciting will be conducted by telephone, and details regarding the call centers are not included in the submitted contract, provide the following information for each location from which the calls will be made.

Room 1

Address: City: State: ZIP:

All telephone numbers from which solicitations are made:

Name(s) of manager(s) and/or supervisor(s) of the room:

Room 2

Address: City: State: ZIP:

All telephone numbers from which solicitations are made:

Name(s) of manager(s) and/or supervisor(s) of the room:

Room 3

Address: City: State: ZIP:

All telephone numbers from which solicitations are made:

Name(s) of manager(s) and/or supervisor(s) of the room:

Financial Information

Provide the following financial information for the past one (1) year period. If fundraising has not yet been conducted for a one year period, specify the date range for the reported data.

Start date (mm/dd/yyyy):

End Date

Total amount of money collected by the registrant, in any manner, on behalf of the charitable organization:

Total given to (or retained by) the charitable organization:

Total not given to charitable organization but expended by registrant on behalf of the charitable organization:

Total amount billed to the charitable organization by the professional fundraiser:

Signature and Notices

If additional contracts are entered into after the filing of this registration form, a copies of the contracts must be submitted to this office at that time.

All information and documentation provided as part of this registration, including this form are public records and all or some may be open to public inspection pursuant to the Iowa public records law, Iowa Code chapter 22, and the Iowa Attorney General's Administrative Rules relating to public records, 61 IAC chapter 2.

I hereby certify, under penalty of perjury and pursuant to the laws of the state of Iowa, that I am authorized to sign this Registration and that the information provided is true and complete to the best of my knowlege.

Signature

Printed Name:

Title:

Date:

This completed form, copies of all contracts between the registrant and a charitable organization and the \$10.00 registration fee should be sent to the Iowa Attorney General's Office at the address below. Checks should be made payable to the State of Iowa.

Iowa Attorney General

Consumer Protection Division
1305 E. Walnut Street
Des Moines, Iowa 50319

P: (515) 281-5926
consumer@ag.iowa.gov