

# Notice of Solicitation

Fundraiser

## Information on fundraiser

Fundraiser ID  Fundraiser name   
Address   
City  Phone number  State of incorporation  \*  
State  ZIP  Fax number  Is fundraiser a business?  \*  
Email address   
Contact first name  Last name  Title

Law firm (if any)  Address   
Law firm contact  City  State  ZIP   
Phone number  Fax number  Email address

## Residential information for all owners, officers and directors of the fundraiser

This information may either be emailed, mailed or filled in below

If you will be emailing this information, check here  If you will be mailing this information, check here

Name  \* Relationship  \*  
Address  \*  
City  \* State  \* ZIP  \*  
Phone number  \*  
[Add new owner, officer or director](#)

Record:

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\* required field

## Information on charity

Choose a charity from the dropdown list below. If it is not on the list, click the "Add a new charity" button

Add a new charity

Update a charity's information

Name  \*

Address

City  State  ZIP

Phone number

Email

Primary contact full name  Primary contact title

Primary contact full address

Primary contact phone number

Charity Type

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\* required field

## Information on fundraising campaign

Starting date  \* Ending date  \*

Primary method used to solicit donations  
(Choose only one)

Method  \*

Primary purpose of campaign  
(Choose only one)

Purpose  \*

Other description  \*

Name that will be used to describe fundraiser when soliciting contributions

\*

Name that will be used to describe charity

\*

Will the campaign include the sale of goods or services?  \*  
(Choose only one)

Primary type  \*

Other description  \*

For telephone solicitations, the required information on phone rooms may either be emailed, mailed or filled in below

If you will be emailing this information, check here

If you will be mailing this information, check here

Address  \*

City  \* State  \* ZIP  \*

Phone number(s) used  \*

Office manager  \*

Address  \*

City  \*

State  \* ZIP  \*

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### Information on solicitor(s)

Identify each person that will solicit during the campaign, including employees and agents of, and individuals in privity with, the paid fundraiser or with an outside soliciting company.

**The required information on solicitors may either be emailed, mailed or filled in below**

If you will be emailing this information, check here

If you will be mailing this information, check here

Solicitor name	<input type="text" value="Peter Jensen"/>	*
Address	<input type="text" value="5 Pearl Avenue"/>	*
City	<input type="text" value="Montpelier"/>	*
State	<input type="text" value="VT"/>	*
ZIP	<input type="text" value="05602"/>	*
Phone	<input type="text" value="(866) 008-0008"/>	*

[Add another solicitor](#)

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### Information on fundraiser compensation

**How will the fundraiser be compensated?**

Primary

<input type="text" value="Other"/> * Percent of contributions Fixed amount per solicitation Hourly compensation Reimbursement of expenses <input type="text" value="Other"/>	Other description <input type="text"/>	*
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The minimum percentage of contributions guaranteed to the charity, **according to the contract** is  % \*

**State the location(s) where contributions solicited during the campaign will be deposited, including, but not limited to, the name and address of any bank or other depository institution, and the number of any deposit account**

Name of bank or other depository institution	<input type="text" value="Bank Two point Three"/>	*
Address	<input type="text" value="11 Cassie Lane"/>	*
City	<input type="text" value="Montpelier"/>	*
State	<input type="text" value="VT"/>	*
ZIP	<input type="text" value="05602"/>	*
Number of deposit account	<input type="text" value="1234567890"/>	*

[Add another bank](#)

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## Information on legal actions

Within the past 6 years, have you (the paid fundraiser), your owners, officers, directors or employees, or any entity affiliated with you by ownership or control in any state, been a party to a civil case, criminal prosecution, or government investigation relating to charitable fundraising or actions alleged to involve dishonesty or fraud?

Yes  \* If so, please complete the rest of this page.

The required information on any legal actions may either be emailed, mailed or filled in below

If you will be emailing this information, check here  If you will be mailing this information, check here

Choose as many as apply				
Civil case <input type="checkbox"/>	Criminal case <input checked="" type="checkbox"/>	Investigation <input type="checkbox"/>	State where action occurred <input type="text" value="VT"/> *	
Who initiated the case/investigation?		<input type="text" value="State of Vermont"/> *		
Who was the defendant in the case or the target of the investigation?		<input type="text" value="Jane Smith"/> *		
What was alleged		<input type="text" value="Misappropriated funds"/> *		
If a court action was filed, state the name and address of the court		<input type="button" value="Add another legal action"/>		
Court name				<input type="text" value="Washingont Superior"/> *
City	<input type="text" value="Montpelier"/> *			State <input type="text" value="VT"/> *
Date the case/investigation started		<input type="text" value="2/29/2008"/> *	Date ended <input type="text" value="3/15/2008"/> *	
Outcome		<input type="text" value="Found innocent."/> *		
Record: <input type="button" value="1 of 1"/> <input type="button" value="No Filter"/> <input type="button" value="Search"/>				

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## Information on related parties

Will any member of the immediate family of an officer, director or owner of the paid fundraiser, or any entity owned in whole or in part by an officer, director, or owner of the paid fundraiser, receive any money in connection with the solicitation campaign?

Yes  \*

If "Yes" please complete this page for each family member or entity:

The required information on related parties may either be emailed, mailed or filled in below

If you will be emailing this information, check here

If you will be mailing this information, check here

Name	<input type="text" value="Irene Baker"/> *
Address	<input type="text" value="10 Orchard Street"/> *
City	<input type="text" value="Montpelier"/> *
State	<input type="text" value="VT"/> *
ZIP	<input type="text" value="05602"/> *
Phone number	<input type="text" value="(888) 999-9999"/> *
The officer, director, and/or owner to whom the person is related or who is affiliated with the entity	
<input type="text" value="Peter Jensen"/> *	
Description of affiliation	
<input type="text" value="In-law"/> *	
Nature of the work for which the person or entity will be compensated	
<input type="text" value="Monetary"/> *	
<input type="button" value="Add another party"/>	
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## Information on Bond/Contract

## Bond

- A bond has been obtained in the amount of \$20,000 (one bond is required per fundraiser) \*
- The bond runs to the State of Vermont and to any person who may have a claim against the fundraiser as long as the claim is brought within 2 years after it arises. \*
- The bond will continue at least through the end of this fundraising campaign \*

## A copy of the bond (check as appropriate) \*

If there is no expiration date on the bond itself, please state the date through which your premium on the bond has been paid

- Is on file
- Is being emailed to paidfundraiser@atg.state.vt.us
- Is being sent by first class mail to 109 State Street Montpelier, VT 05609

Bonding agency  \*

Bond number  \* Bond expiration date  \*

## Contract

## A copy of the contract with the charity is being (check as appropriate) \*

- Emailed to paidfundraiser@atg.state.vt.us
- Sent by first class mail to 109 State Street Montpelier, VT 05609

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## Submission

## The contract with the charitable organization contains the following:

- An itemized description of all expenses, commissions and other amounts that are to be deducted from the receipts of the fundraising campaign, how they are to be calculated, and to whom they are to be paid.
- An authorized signature of the charitable organization indicating approval of the terms of the contract.
- The following statement in immediate proximity to the signature of the charitable organization, in a minimum size of ten points:  
*Chapter 63 of Title 9 of the Vermont Statutes Annotated requires a paid fundraiser to provide the fundraiser's charitable sponsor, within 60 days after the end of a solicitation campaign, with a statement setting out the name and address of each contributor and the amount of the contribution; the amount of the gross receipts; and an itemized list of all expenses, commissions, and other costs incurred in the campaign. The law also gives charities other rights, including the right to cancel this contract or to recover damages, or both, in certain circumstances. Contact the Vermont Attorney General for further information.*
- A provision that prohibits the fundraiser from restricting in any way the use by the charitable organization of the list of donors to the campaign.
- 

Bond Information  
Contract Information

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### Affirmation

**By submitting this Notice of Solicitation, I affirm that all of the information entered is true**

Name \*

Title \*

Date of filing

Report any material changes via email to: [paidfundraiser @atg.state.vt.us](mailto:paidfundraiser@atg.state.vt.us)

### WARNING

This is your last chance to print out each page of this Notice of Solicitation. Click on "Back" to reach any page you want to print. You will not be able to view this Notice once you click Submit

**Submit**

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