



APPLICATION FOR FUND-RAISING ACTIVITIES - NON-PROFIT AGENCIES

RE: POLICY 2000-3

DATE: _____

Name of Organization: _____

Address: _____

Phone: _____ Fax: _____ Other: _____

Contact person(s): _____

Phone: _____

Type of activity: i.e. Door to Door Financial Campaign
Bottle Drive (door to door)
Sale of Product (door to door)

Describe: _____

Receipt to be issued: Yes ___ No ___

Charitable Donation number: _____

Dates and time of activity: _____

Person(s) canvassing door to door. (List) _____

Does this activity involve children canvassing under the age of fifteen (15).
Yes _____ No _____

If yes, list adult supervision accompanying these children:

Note: Identification for persons conducting fund-raising.

Each person shall have identification stating their own name, name of organization represented and a contact name and phone number for verification.

Authorized signature _____
Print name and title if applicable _____

APPROVED _____ REJECTED _____
SIGNATURE _____
TITLE _____
DATE _____