

Charitable Solicitation Registration Application

Organization Information

Organization Name:

EIN (Employer Identification Number):

Address:

City:

State:

Zip Code:

Phone Number:

Website:

Contact Person

Name:

Title:

Email:

Phone Number:

Solicitation Details

Purpose of Solicitation:

Solicitation Start Date:

Solicitation End Date:

Certification

Authorized Person's Name:

Date:

Submit Application