

# 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**