



**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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

People 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 the people conducting the 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

\_\_\_\_\_

\_\_\_\_\_

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APPROVED \_\_\_\_\_

REJECTED \_\_\_\_\_

SIGNATURE .....

TITLE .....

DATE \_\_\_\_\_