



**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 _____	