

Please - Do Not Staple

Chapter 202, Wis. Stats.
Subchapter II

STATE OF WISCONSIN
Department of Financial Institutions

Division of Corporate and
Consumer Services,
Charities Section

E-Mail:
DFICharitableOrgs@dfi.wisconsin.gov



Mailing Address:
PO Box 7879
Madison, WI 53707-7879

Telephone: (608) 267-1711

WEBSITE: DFI.WI.GOV
PROFESSIONAL FUNDRAISER
SOLICITATION NOTICE

Fax: (608) 267-6813

Courier Address:
4822 Madison Yards Way
North Tower
Madison, WI 53705

Purpose: Before a professional fundraiser performs services under a contract with a charitable organization that is required to be registered under s. 202.12(1), Stats., the professional fundraiser must file with the Department of Financial Institutions (“department”), a completed Solicitation Notice and a copy of the contract it has with the charitable organization. The charitable organization on whose behalf the professional fundraiser is acting, shall file with the department a written confirmation that the Solicitation Notice and the attached contract are true and complete to the best of its knowledge.

NOTE: Pursuant to s. 202.14(8), Stats., a professional fundraiser is required to deposit, in its entirety, a contribution of money received by the professional fundraiser, on behalf of a charitable organization, in an account at a financial institution within 5 days after its receipt. The account shall be in the name of the charitable organization. The charitable organization shall have sole control of all withdrawals from the account.

NOTE: Section 202.12(6m), Stats., sets forth specific solicitation disclosure requirements. We urge you to review that section and become familiar with it. You should also review s. 202.14(7), Stats., which requires that a professional fundraiser provide a complete accounting, in writing, to the charitable organization for all contributions received and all expenses incurred under the contract and the need to maintain those records for at least 3 years.

Print or type the information requested in the spaces provided.

1. Name and registration number of professional fundraiser.

Name:	Registration Number:
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2. Provide the following information for the professional fundraiser’s headquarters office:

Street Address:		
City:	State:	Zip:

3. Provide the following information for the charitable organization that the professional fundraiser is performing services for:

Charitable Organization Name:	Registration Number:	
Street Address:	Telephone Number:	
City:	State:	Zip:

4. If conducting a solicitation for a fund raising event, provide the following information about the event:

Name of Event:	
Location of Event:	Date of Event:

5. Identify the projected dates during which the solicitation will take place.

6. Identify the locations and telephone numbers from which the solicitations will be conducted.

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7. Identify the name and residence address of each person responsible for directing and supervising the conduct of services under the contract described in s. 202.14(4), Stats. Attach additional pages if necessary.

Name:			
Street:	City:	State:	Zip:

Name:			
Street:	City:	State:	Zip:

8. Does the professional fundraiser subcontract with another person or entity who also performs fund raising activities in Wisconsin on behalf of the charitable organization? Yes No

If yes, provide the name and address of the person or company and a copy of your contract with that company.

Name:			
Street:	City:	State:	Zip:

9. Will the professional fundraiser, at any time, have custody of contributions? "Custody" is defined as possession or control of cash, checks or donation of merchandise even though checks may be made payable to the charitable organization. Yes No

10. Provide a full and fair description of the charitable purpose for which solicitations will be made.

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11. A copy of the contract with the charitable organization is enclosed, as required. Yes No

CERTIFICATION

We, the undersigned, certify under penalties provided by law that this Solicitation Notice (including attachments), has been examined by us and is, to the best of our knowledge and belief, a true, correct and complete statement.

Print Name of Professional Fundraiser Official:	Title:
Signature of Professional Fundraiser Official:	Date:
Print Name of Authorized Member of Charitable Organization:	Title:
Signature of Authorized Member of Charitable Organization:	Date:

RETURN MATERIALS TO: Department of Financial Institutions, Division of Corporate and Consumer Services

Mailing Address:
PO Box 7879
Madison, Wisconsin 53707-7879

Street Address:
4822 Madison Yards Way, North Tower
Madison, Wisconsin 53705

E-Mail: DFICharitableOrgs@dfi.wisconsin.gov

This form is required under Section 202.14, Wisconsin Statutes. Refusal to provide this information may result in the revocation of registration. Personally identifiable information on this form may be matched against tax information, outstanding child and family support data and law enforcement agencies. Failure to complete this form completely and accurately may result in denial or revocation of registration, and any other penalties as provided by law.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.