



Office of the Secretary of State

Corporations & Charities Division

Mailing Address: Po Box 40234 • Olympia, WA 98504 - 0234

Phone: 360 - 725 - 0378 • Web Address: www.sos.wa.gov/corps

This Box For Office Use Only

- Expedited Services \$50
- Fundraising Service Contract \$20

FUNDRAISING SERVICE CONTRACT

RCW 19.09

CHARITABLE ORGANIZATION INFORMATION

Charitable Organization Name: _____

Registration Number: _____	Phone Number: _____
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Federal EIN/Tax ID Number: (Nine digits) _____

COMMERCIAL FUNDRAISER INFORMATION

Commercial Fundraiser Name: _____

Registration Number: _____	Phone Number: _____
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Federal EIN/Tax ID Number: (Nine digits) _____

Commercial Fundraiser Representative responsible in WA State: _____

Types of services to be provided by Commercial Fundraiser. (Check all that apply)

Advertisement/Coupon Books Direct Mail Email Entertainment/Special Events Internet

Newspaper/Magazine/Publication Personal Contact Product Sale Telephone TV/Radio

Vehicle/Boat Donations

SUBCONTRACTORS UTILIZED TO CONDUCT SOLICITATIONS

Subcontractor Name: _____

Registration Number: _____

Phone Number: _____

Federal EIN/Tax ID Number: (Nine digits) _____

FUNDRAISING SERVICE CONTRACT TERM DATES

Is the Contract perpetual with no end date? (Check one) Yes No
 If Yes, please continue to the Date services will Begin fields.
 If No, please provide the Contract Term Begin and End Dates below.

Contract Term Begin Date: _____

Contract Term End Date: _____

Date Services will begin: _____

Date Services will end: _____

A copy of the contract between the Charity and the Commercial Fundraiser MUST be included in the filing. The contract MUST be signed by both parties.
RCW 19.09.097

- The terms of the contract between the Charitable Organization and Commercial Fundraiser
- Amount or percentages of amounts to inure to the Charitable Organization
- Limitations placed on the maximum amount to be raised by the fundraiser, if the amount to inure to the Charitable Organization is not stated as a percentage of the amount raised
- Costs of fund-raising that will be the responsibility of the Charitable Organization, not the result of the services provided by the Commercial Fundraiser, will be identified and used in computing the fee owed to the Commercial Fundraiser
- The names of any entity, other than the contracting Commercial Fundraiser to which any of the total anticipated fund-raising cost is to be paid, and whether any principal officer or owner of the Commercial Fundraiser or relative by blood or marriage thereof is an owner or officer of any such entity

FILING CORRESPONDENCE ADDRESS

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the organization's mailing address. (Optional)

Attention to: _____

Email: _____

Address: _____

City _____ **State** _____ **Zip** _____

CHARITABLE ORGANIZATION REPRESENTATIVE SIGNATURE (Required)

By executing this document, the applicant certifies the following:

- This document is hereby executed under penalty of law and is to the best of my knowledge true and correct.

X _____

Signature of Applicant Printed Name / Title Date

Contact phone number _____

COMMERCIAL FUNDRAISER REPRESENTATIVE SIGNATURE (Required)

By executing this document, the applicant certifies the following:

- This document is hereby executed under penalty of law and is to the best of my knowledge true and correct.

X _____

Signature of Applicant Printed Name / Title Date

Contact phone number _____

ALL SUBMISSIONS ARE SUBJECT TO PUBLIC REVIEW

- Make checks payable to: Secretary of State
- Please do not enclose a copy of the IRS Form 990, 990PF, 990EZ or audited financial statements
- Send regular mail to: Secretary of State • Charities Program • PO Box 40234 • Olympia, WA 98504
- Send overnight/express mail to: Secretary of State • Charities Program • 801 Capitol Way S • Olympia, WA 98501