OFFICE OF THE INDIANA ATTORNEY GENERAL

5th Floor - Indiana Government Center South

302 West Washington Street

Indianapolis, IN 46204

**PROFESSIONAL FUNDRAISER CONSULTANT DISCLOSURE FORM**

Consultant's name:

GENERAL INSTRUCTIONS:

1. Answer all items completely. *Please type or print legibly.* This form must comply with

11 IAC 3-4.

2. Pursuant to Indiana Code § 23-7-8-2(c), all relevant, properly executed contracts, MUST

be submitted BEFORE the projected beginning date of the contractual relationship.

3. You must immediately notify the Consumer Protection Division of any change in the information contained in this disclosure form. Extra copies of this form can be downloaded at [www.in.gov/attorneygeneral/consumer/charit yfundraisers.ht ml.](http://www.in.gov/attorneygeneral/consumer/charityfundraisers.html)

4. File with: Office of the Indiana Attorney General

Consumer Protection Division

Attn: Fundraiser Registration

5th Floor - Indiana Government Center South

302 West Washington Street

Indianapolis, IN 46204-2770

**NOTE: Please read the following definition to verify that you are completing the correct form.**

"Professional fundraiser consultant" means any person who is hired for a fee to plan, manage, advise, or act as a consultant in connection with soliciting contributions for, or on behalf of, a charitable organization, but who does not actually solicit contributions as a part of the person's services or employ, procure, or engage a compensated person to solicit contributions.

The term does not include a charitable organization, or a bona fide officer, employee, member,

or volunteer of a charitable organization, that solicits on its own behalf.

For office use only:

**DISCLOSURE FORM**

1. Provide the name, title, address, and telephone numbers of the person to contact regarding this disclosure form and its accompanying contract:

Name Title

Street Address

Mailing Address (if different)

City State ZIP Telephone Number (including area code and extension)

Telefax Number (if applicable) E-mail Address (if applicable)

2. Provide the name, address, and telephone number of the charitable organization with which you are working:

Name

Street Address

Mailing Address (if different)

City State ZIP Telephone Number (including area code and extension)

Telefax Number (if applicable)

3. Provide the beginning and ending dates of the contract: Begin / / End / /

4. Provide the dates when you plan to begin and end acting as a professional fundraiser consultant for this charitable organization.

Begin / / End / /

5. Indiana Code § 23-7-8-2(c) requires that your contract with the charitable organization must:

(a) identify what services you are to provide; and

(b) indicate whether you will at any time have custody of contributions.

Does your contract comply with these requirements?

Yes No

PLEASE INDICATE ON WHAT PAGE(S) OF THE CONTRACT THIS INFORMATION APPEARS:

Services to be provided

Custody of contributions

I affirm under the penalties for perjury that the foregoing representations are true and accurate.

Date Signed Name of Registrant

By: (signature and title)

(printed signature)

NOTARY

STATE OF

COUNTY OF

)

) SS:

)

Subscribed and sworn to before me, a Notary Public in and for said County and State, this

day of , 20 .

My Commission Expires:

Signature of Notary Public

County of Residence:

(printed signature)