

**STATE OF WISCONSIN**  
**Department of Financial Institutions**

E-Mail:  
DFICharitableOrgs@wi.gov  
Telephone: (608) 267-1711  
Fax: (608) 267-6813



**Mailing Address:**  
PO Box 7879  
Madison, WI 53707-7879  
**Courier Address:**  
4822 Madison Yards Way  
North Tower  
Madison, WI 53705

[www.wdfi.org](http://www.wdfi.org)

**PROFESSIONAL FUND-RAISER**  
**SOLICITATION NOTICE**

**Purpose:** Before a professional fund-raiser performs services under a contract with a charitable organization that is required to be registered under s. 202.12(1), Stats., the professional fund-raiser 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 fund-raiser 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 fund-raiser is required to deposit, in its entirety, a contribution of money received by the professional fund-raiser, 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 fund-raiser 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 fund-raiser.

Name:	Registration Number:
-------	----------------------

2. Provide the following information for the professional fund-raiser’s headquarters office:

Street Address:		
City:	State:	Zip:

3. Provide the following information for the charitable organization that the professional fund-raiser 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.

--

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 fund-raiser 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 fund-raiser, 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.

--

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 Fund-Raiser Official:	Title:
Signature of Professional Fund-Raiser 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

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.