



# Professional Fundraiser

**Renewal application**

**Return to:** Missouri Attorney General's Office

Attention: Rhonda Johnson

PO Box 899

Jefferson City, MO 65102

ENCLOSE  
\$50 FEE

MISSOURI ATTORNEY GENERAL  
CHRIS KOSTER

573-751-3321  
ago.mo.gov

Date \_\_\_\_\_

Registration File No. \_\_\_\_\_

Organization \_\_\_\_\_

## PROFESSIONAL FUNDRAISER INFORMATION

CURRENT NAME \_\_\_\_\_

CURRENT PLACE OF BUSINESS ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ ( ) \_\_\_\_\_ -  
PHONE \_\_\_\_\_

### TOTAL AMOUNT OF FUNDS SOLICITED OR COLLECTED FOR CHARITIES IN LAST FISCAL YEAR AND PERCENTAGE OF FUNDS RECEIVED BY FUNDRAISER AS COMPENSATION

|                         |                            |                     |
|-------------------------|----------------------------|---------------------|
| _____                   | \$ _____                   | _____ %             |
| CHARITABLE ORGANIZATION | AMOUNT SOLICITED/COLLECTED | PERCENTAGE RECEIVED |
| _____                   | \$ _____                   | _____ %             |
| CHARITABLE ORGANIZATION | AMOUNT SOLICITED/COLLECTED | PERCENTAGE RECEIVED |

IF NOT COMPENSATED BY A PERCENTAGE OF FUNDS, LIST TOTAL AMOUNT RECEIVED AS COMPENSATION \$ \_\_\_\_\_

## CHARITABLE ORGANIZATION INFORMATION

### NAME, ADDRESS AND PHONE OF ALL CHARITABLE ORGANIZATIONS FROM WHICH YOU SOLICITED IN PAST YEAR

NAME \_\_\_\_\_ ( ) \_\_\_\_\_ -  
PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ ( ) \_\_\_\_\_ -  
PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### NAME, ADDRESS AND PHONE OF CHARITIES FOR WHICH YOU ARE SOLICITING OR CONTRACTED TO DO SO NEXT YEAR

NAME \_\_\_\_\_ ( ) \_\_\_\_\_ -  
PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ ( ) \_\_\_\_\_ -  
PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**VERIFICATION**

State \_\_\_\_\_ )  
County \_\_\_\_\_ ) SS.

\_\_\_\_\_ being duly sworn deposes and says, that s/he has made the foregoing professional fundraiser organization's renewal application, as required by section 407.466, RSMo and 15 CSR 60-3.130; that s/he has read the foregoing renewal application and knows the contents thereof; that s/he is authorized to verify the foregoing renewal application; and that the foregoing renewal application is true to her/his own knowledge; and that the foregoing renewal application was made for the purpose of complying with the requirements of sections 407.450 through 407.478, RSMo.

\_\_\_\_\_  
SIGNATURE

Subscribed and sworn to before me, this \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_ (Notary Public)

**Enclose \$50 check for registration fee. Make check payable to "Missouri Merchandising Practices Fund" and return to:**  
Missouri Attorney General's Office  
Attention: Rhonda Johnson  
PO Box 899  
Jefferson City, MO 65102