



If you would like to renew your application, please complete and mail this form with your \$50.00 fee to:
Missouri Attorney General's Office • Attention: Registration Specialist • PO Box 899 • Jefferson City, MO 65102

Information About Professional Fundraiser

CURRENT NAME _____ PHONE NO. () -

CURRENT ADDRESS _____ REGISTRATION FILE NO. _____
Street City State Zip

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 PFR
Charitable Organization _____	\$ _____	_____ %
	Amount Solicited/Collected	Percentage Received PFR

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

Information About Charitable Organizations

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

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip County

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip County

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

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip County

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip County

Verification Statement

VERIFICATION _____ 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 \$50.00 check for registration fee. Make check payable to "Missouri Merchandising Practices Revolving Fund" and return to address at the top of this form.