



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 • P.O. Box 899 • Jefferson City, MO 65102

Information About Professional Fundraiser

CURRENT NAME _____ PHONE NO. () - -

CURRENT ADDRESS _____
Street City State Zip

REGISTRATION FILE NO. _____

EMAIL _____

NOTE: Future correspondence regarding your registration will be sent to this email address unless otherwise specifically requested.

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 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

NAME _____ PHONE NO. () - -

ADDRESS _____
Street City State Zip County

Verification Statement

Being duly sworn deposes and states 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.

Printed Name _____

Authorized Signature _____

Enclose \$50 check for registration fee. Make check payable to "Missouri Merchandising Practices Revolving Fund".

Notary

Subscribed and sworn to before me, this _____ day of _____, 20____ Notary Public Signature _____