



CITY OF KERMAN CHARITABLE SOLICITATION APPLICATION

Personal Information

Name: _____

Address: _____

Telephone: _____

Solicitation Information

Date of Solicitation: _____ Time of Event: _____

Location: _____

Type of Solicitation: _____

Specify reasons and the need for the contribution to be solicited: _____

Total amount to be raised: \$ _____

Name and address of all persons, board of trustees, governing bodies, who will receive compensation in any way from the solicitation. _____

Bank or place where funds will be deposited: _____

Character References: _____

Past Activities or Participation: _____

I certify under penalty of perjury that the foregoing is true and correct

Finance Approval

Date _____

Applicant