

DO NOT STAPLE

STATE of WASHINGTON



SECRETARY of STATE

Charities Program • 801 Capitol Way South • PO Box 40234 • Olympia, WA 98504-0234

Phone: 360-725-0378 • Fax: 360-664-4250 • E-mail: [charities@sos.wa.gov](mailto:charities@sos.wa.gov)

Web Address: [www.sos.wa.gov/charities](http://www.sos.wa.gov/charities)

**FUNDRAISING SERVICE CONTRACT REGISTRATION FORM FEE: \$20.00**

*Make fees payable to "State of Washington"*

**DUE DATE: Before campaign commences**

☐ Check here to request **EXPEDITED SERVICE** (optional). If checked, please enclose an additional \$50 fee.

Please complete entire form or write "n/a" if not applicable. Incomplete forms will not be accepted.  
All documents must be typewritten or printed legibly in ink. **DO NOT staple or bind form or attachments.**

**COMMERCIAL FUNDRAISER INFORMATION**

Organization's Full Legal Name:		Registration Number:
Organization's Telephone Number: ( )	Organization's Fax Number: ( )	
Organization's Address:	City, State, ZIP:	
Organization's Email Address:	Organization's Web Address:	

**COMMERCIAL FUNDRAISER REPRESENTATIVE RESPONSIBLE FOR FUNDRAISING IN WA (REQUIRED)**

Individual's Name:	Individual's Telephone Number: ( )
Individual's Address:	City, State, ZIP:
Individual's Email Address:	

**NOTE:** The individual listed does not need to be physically located in WA, but should be an owner, officer or employee of the commercial fundraiser (not a subcontractor).

**SURETY BONDING INFORMATION (REQUIRED)**

Name Of Surety Or Sureties Issuing Bond To Commercial Fundraiser:	
Bond Number:	Aggregate Bond Amount:
Original Effective Date:	Bond Termination Date:

**TYPES OF SERVICES TO BE PROVIDED BY COMMERCIAL FUNDRAISER**

Check one:

☐ Direct or indirect solicitations ☐ Management, consultation or other services: \_\_\_\_\_ (describe)

**METHOD OF SOLICITATION(S) TO BE CONDUCTED**

**Check all that apply below**

<input type="checkbox"/> Entertainment/Special Event <input type="checkbox"/> Newspaper/Magazine <input type="checkbox"/> Advertisements/Coupon Books <input type="checkbox"/> Telephone <input type="checkbox"/> Door to Door <input type="checkbox"/> TV/Radio	<input type="checkbox"/> Vehicle/Boat Donations <input type="checkbox"/> Direct Mail <input type="checkbox"/> Resale Of Donated Goods <input type="checkbox"/> Product Sale <input type="checkbox"/> Internet Solicitations <input type="checkbox"/> Face to Face/Word of Mouth	<input type="checkbox"/> Newsletter/publication <input type="checkbox"/> Email <input type="checkbox"/> Combined Fund Drive <input type="checkbox"/> Auction <input type="checkbox"/> Other _____ (describe)
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**CHARITABLE ORGANIZATION INFORMATION**

Organization's Full Legal Name:		Registration Number:	
Organization's Telephone Number: (      )		Organization's Fax Number: (      )	
Organization's Address:		City, State, ZIP:	
Organization's Email Address:		Organization's Web Address:	

**TERM DATES**

Contract Term Begin Date: _____ (Mo/Day/Year)	Date Solicitations Will Begin: _____ (Mo/Day/Year)
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Contract Term End Date: _____ (Mo/Day/Year)	or <input type="checkbox"/> Check here if contract is perpetual/has no end date.
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**NOTE:** If contract contains an auto renewal provision extending its term for a specific length of time, please provide extended term end date above. If auto renewal provision is active until and unless cancelled in writing, check box indicating term end is perpetual.

**SUBCONTRACTORS UTILIZED IN CONDUCT OF SOLICITATIONS**

*(Attach an additional sheet if needed)*

Subcontractor's Name:	Registration Number:
Telephone: (      )	Email:
Address:	City, State, ZIP:
Subcontractor's Name:	Registration Number:
Telephone: (      )	Email:
Address:	City, State, ZIP:

**NOTE:** Each subcontracting commercial fundraiser must independently register with the Secretary of State and obtain their own surety bond prior to conducting solicitations in Washington State.

**REQUIRED ATTACHMENT**

Will any of the entities to be retained in the conduct of this contract be paid more than ten percent (10%) of the total anticipated fundraising cost? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a list of such entities. Indicate whether any principal owner or officer of the commercial fundraiser, or a relative by blood or marriage thereof, is also an owner or principal of the entity listed.
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**CONTRACT AGREEMENT ATTACHMENT (Required)**

Attach a copy of the signed, written contract/agreement between the charitable organization and commercial fundraiser.
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**SIGNATURE (Required)**

*By signing below, both signers certify that the information provided is true, complete and accurate to the best of their knowledge.*

Signature of commercial fundraiser's owner or principal officer	Printed Name	Title	Date
Signature of charity's President, Treasurer or comparable officer	Printed Name	Title	Date

**NOTE:** Expedited Service is available for registration documents requiring priority processing. To utilize Expedited Service, please enclose \$50 per registration document (in addition to regular fees), check (✓) the box on page one of this document, and write the word "EXPEDITE" in bold letters on the outside of the envelope. Your request will be processed by the Charities Program within two working days of submission or as soon thereafter as possible.

**IMPORTANT: Please retain this checklist for future reference.**  
**DO NOT RETURN the checklist with the attached form.**

### **CONTRACT COMPLIANCE CHECKLIST**

**In addition to a completed Fundraising Service Contract Registration Form, RCW 19.09.097 and WAC 434-120-240 require all written contracts to include the following provisions:**

- ☐ A requirement that both parties comply with the law;
- ☐ Permit officers of the charity reasonable access to the commercial fundraiser's financial records relating to that charitable organization;
- ☐ Permit officers of the charity reasonable access to the fundraiser's operations, including without limitation the right to be present during any telephone solicitation;
- ☐ Permits officers of the charity reasonable access to the names of all of the fundraiser's employees or staff who are conducting fundraising or charitable solicitations on its behalf;
- ☐ Specify the amount of raised funds that the charitable organization will receive, or the method of computing that amount;
- ☐ Specify the amount of compensation of the commercial fundraiser, or the method of computing that amount;
- ☐ Indicate whether the commercial fundraiser's compensation is fixed or contingent;
- ☐ Terms relating to the amount, or percentages of amounts, to inure to the charitable organization;
- ☐ Terms relating to limitations placed on the maximum amount to be raised by the fundraiser, if the amount to inure to the charitable organization is not stated as a percentage of the amount raised;
- ☐ Specify the costs of fundraising that will be the responsibility of the charitable organization, regardless of whether paid as a direct expense, deducted from the amounts disbursed, or otherwise;
- ☐ Specify the manner in which contributions received directly by the charitable organization, not the result of services provided by the commercial fundraiser, will be identified and used in computing the fee owed to the commercial fundraiser; and
- ☐ Specify which party will maintain the donor list

***NOTE: Please review RCW 19.09.100 for disclosure requirements and the conditions applicable to solicitations.***