



Mail completed form to:
 NH Attorney General's Office
 Attn: Charitable Trusts Unit
 One Granite Place South
 Concord, NH 03301

FORM NHCT-25
 SOLICITATION NOTICE

This form must be accompanied by a copy of the written contract between the paid solicitor and the charitable entity or police, law enforcement, or firefighters' association and payment in the amount of \$200.00. Checks must be made payable to State of New Hampshire

PAID SOLICITOR INFORMATION

Paid Solicitor Registration Number **if you are not registered with the NH Charitable Trusts Unit as a paid solicitor, you must first complete the Form NHCT-21: Application for Registration or Renewal of Paid Solicitor*

| | | | |
|--------------------------------|-----------------------|-------|-----|
| Entity Name | | | |
| Address | City | State | Zip |
| Name of Paid Solicitor Contact | | | |
| Contact Telephone Number | Contact Email Address | | |

CHARITABLE TRUST OR POLICE, LAW ENFORCEMENT, OR FIREFIGHTERS' ASSOCIATION INFORMATION

If you do not know the registration number, please visit the Registered Charities List at <https://www.doj.nh.gov/charitable-trusts/documents/registered-charities.pdf> to locate the number. If the charitable trust is not registered with our office and is required to be registered, the entity must first submit the Form NHCT-11: Application for Registration and obtain a registration number. Note: police, law enforcement and firefighters' associations are not required to register with the Charitable Trusts Unit if they are not charitable trusts.

| |
|---|
| NH Charitable Trusts Unit Registration Number <i>(leave blank if the entity is not required to register with the NH Charitable Trusts Unit)</i> |
|---|

| | | | |
|---|-----------------------|-------|-----|
| Entity Name on whose behalf the solicitation will be conducted <i>(charitable trust or police, law enforcement, or firefighters' association)</i> | | | |
| Address | City | State | Zip |
| Contact Name | | | |
| Contact Telephone Number | Contact Email Address | | |

TERMS OF SOLICITATION

Submit a copy of the contract between the paid solicitor and the charitable trust or police, law enforcement, or firefighters' association.

| | |
|--------------------------|--|
| Date of contract | |
| Date solicitation begins | |
| Date solicitation ends | |

1. Solicitation Method (check all that apply):

- Telephone
 Mail
 Television
 Print Media
 Email/text exchange
 Social Media
 Web-based Platform
 Other _____

2. Will the solicitation campaign include the sale of goods or services?

- Yes
 No

3. If the answer to question #2 is Yes check all that apply.

- Tickets to an event or performance
 Advertising space in a program book or other publication
 Other _____

4. If tickets to an event or performance will be offered, state:

| Date of Event | Nature of Event | Location of Event (street/city/state) | If tickets may be donated for use by another, state the names & addresses of the charitable organizations which have agreed, in writing, to accept the donated tickets |
|---------------|-----------------|---------------------------------------|--|
| | | | |
| | | | |
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5. Fully describe the charitable program that will benefit from the solicitation campaign.

Individuals Involved with Solicitation

6. Submit a list of the location(s) and telephone number(s) from where the solicitation will be conducted.

You may submit your own list containing this information or complete the table below

| Location | Address | | | Telephone Number | |
|----------|---------|------|-------|------------------|--|
| | | City | State | Zip | |
| | | City | State | Zip | |
| | | City | State | Zip | |
| | | City | State | Zip | |

7. Submit a list of the name(s) and address(es) of each person responsible for directing or supervising the conduct of the solicitation campaign *(You may submit your own list containing this information and attach additional sheets).*

| Name | Location | Address | | | Telephone Number | |
|------|----------|---------|------|-------|------------------|--|
| | | | City | State | Zip | |
| | | | City | State | Zip | |
| | | | City | State | Zip | |
| | | | City | State | Zip | |

8. Have any of the persons listed in response to question #7 been convicted by any state or federal court of any felony or misdemeanor involving dishonesty or any felony or misdemeanor arising from the conduct of a solicitation for charitable entity or purpose?

Yes No

If the answer to question No. 8 is "yes," attach a detailed explanation as to each person.

9. Will the paid solicitor have custody of the contributions?

Yes No

CERTIFICATION OF PAID SOLICITOR

I declare under penalty for making a false written statement to the Director of Charitable Trusts (RSA 641:3 and 8) that I am authorized to sign this certification on behalf of the paid solicitor and that the statements made in the foregoing notice and all attachments are true and accurate to the best of my knowledge.

Signature of Paid Solicitor Authorized Representative

Title

Date

Print Name

CHARITABLE TRUST OR POLICE, LAW ENFORCEMENT OR FIREFIGHTERS' ASSOCIATION

An authorized representative of the charitable entity or police, law enforcement, or firefighters' association must sign below or complete and submit Form NHCT-27

I declare under penalty for making a false written statement to the Director of Charitable Trusts (RSA 641:3 and 8) that I am authorized to sign this certification on behalf of the entity to receive donations from the solicitation and that the statements made in the foregoing notice and all attachments are true and accurate to the best of my knowledge.

Signature of Authorized Representative

Title

Date

Print Name