

**Mail To:**

Minnesota Attorney General's Office  
Charities Division  
445 Minnesota Street, Suite 1200  
St. Paul, MN 55101-2130

**Website Address:**

[www.ag.state.mn.us/charity](http://www.ag.state.mn.us/charity)

**STATE OF MINNESOTA**  
**PROFESSIONAL FUNDRAISER**  
**SOLICITATION NOTICE**  
**INSTRUCTIONS**

(Pursuant to Minn. Stat. § 309.531)

**WHO MUST FILE**

Any professional fundraiser, or any person a professional fundraiser employs, procures, or engages, who solicits in this State must file a completed Solicitation Notice with the Minnesota Attorney General's Office. *See* Minn. Stat. 309.531 subd. 2(b).

**WHEN TO FILE**

A Solicitation Notice must be filed as part of a professional fundraiser's **annual** Registration Statement with the Minnesota Attorney General's Office. Solicitation Notices must be filed prior to the commencement of any solicitation campaigns in Minnesota. *See* Minn. Stat. 309.531 subd. 1. Please refer to the definitions set forth in Minn. Stat. § 309.50 when completing this form.

**HOW TO FILE****This form may be submitted via email.**

- The form and all attachments should be emailed to ***charity.registration@ag.state.mn.us***. The email and attachments can be **no larger than 25 MB**. The subject line of the email must contain the organization's name. If the materials you are submitting are more than 25 MB, submit the attachments in separate emails properly labeled in the subject line (e.g., email 1 of 3).
- Documents must be in PDF format and named in an identifying manner (e.g., PFR Solicitation Notice).
- You will receive an automatically generated confirmation email. Receipt of the email confirms only that this Office received your submission and is not an attestation regarding the validity or completeness of the submitted materials.



**PROFESSIONAL FUNDRAISER  
SOLICITATION NOTICE INSTRUCTIONS  
(Continued)**

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**PLEASE NOTE**

**If submitting these forms via mail, please do not use staples.**

- **File a separate Solicitation Notice** for each contract with a charitable organization for which you will be soliciting or otherwise providing services in this State.
- **Include all required attachments.** Solicitation Notices that fail to include all required attachments will be considered deficient and registration will not be effective until all required materials are received by the Minnesota Attorney General's Office. You will be informed of any deficiencies by letter.
- **Question 4** requires a professional fundraiser to identify, or provide a reasonable estimate, of the percentage of funds that will be remitted to the charitable organization versus retained by the professional fundraiser. For example, a professional fundraiser and a charitable organization estimate that a solicitation campaign will yield \$10,000 in contributions. The charitable organization agrees to pay the professional fundraiser a flat fee of \$2,500. In this example, the estimated percentage of funds received by the charitable organization from the campaign is 75%. Unless a charitable organization pays a professional fundraiser nothing, the estimated percentage retained by the charitable organization is unlikely to be 100%.
- **Report any changes or additions** to the information provided in this notice to the Charities Division of the Minnesota Attorney General's Office.
- **File a Solicitation Campaign Financial Report** no later than 90 days after the completion of a solicitation campaign, and no later than 90 days following the anniversary of the commencement of a solicitation campaign lasting more than a year. See Minn. Stat. § 309.531, subd. 4.
- **NOTICE: All information and documentation provided as part of registration and reporting shall be public records.**

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**Website Address:**

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(Pursuant to Minn. Stat. § 309.531)

\_\_\_\_\_  
Name of Professional Fundraiser

\_\_\_\_\_  
Telephone Number of Professional Fundraiser

\_\_\_\_\_  
Street Address of Professional Fundraiser

\_\_\_\_\_  
Fax Number of Professional Fundraiser

\_\_\_\_\_  
City, State, and Zip Code of Professional Fundraiser

\_\_\_\_\_  
Website of Professional Fundraiser

1. Identify the charitable organization for which the professional fundraiser will be soliciting contributions in Minnesota:

Name: \_\_\_\_\_

EIN: \_\_\_\_\_

Address: \_\_\_\_\_

- 1a. Have any of the professional fundraiser's employees, officers, or directors ever been employed by the charitable organization identified in response to number 1 within the last five (5) years?

Yes     No    If yes, identify the employee(s):

\_\_\_\_\_

2. List the term, specifying the beginning and ending dates, of the solicitation campaign for the charitable organization identified in response to Number 1:

\_\_\_\_\_

3. Is the contract between the professional fundraiser and the charitable organization on file with the Minnesota Attorney General's Office?

Yes     No    If no, attach a copy of the contract to this form.

- 3a. Did two officers of the charitable organization sign the contract with the professional fundraiser?

Yes     No    If no, have two officers of the charitable organization sign the contract, and attach a copy of the contract to this form.



PROFESSIONAL FUNDRAISER SOLICITATION NOTICE  
(Continued)

4. Identify the percentage of funds or a reasonable estimate received by the charitable organization from the solicitation campaign: \_\_\_\_\_%
- For example, a professional fundraiser and a charitable organization estimate that a solicitation campaign will yield \$10,000 in contributions. The charitable organization agrees to pay the professional fundraiser a flat fee of \$2,500. In this example, the estimated percentage of funds received by the charitable organization from the campaign is 75%. Unless a charitable organization pays a professional fundraiser nothing, the estimated percentage retained by the charitable organization is unlikely to be 100%.

5. Select the type(s) of fundraising campaign (check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Telephone                      | <input type="checkbox"/> Publication/Magazine | <input type="checkbox"/> Show/Concert/Event |
| <input type="checkbox"/> Direct Mail                    | <input type="checkbox"/> Email                | <input type="checkbox"/> Discount Coupons   |
| <input type="checkbox"/> Door-to-Door Solicitation      | <input type="checkbox"/> Website              | <input type="checkbox"/> Radio              |
| <input type="checkbox"/> Thrift Store                   | <input type="checkbox"/> Social Media         | <input type="checkbox"/> Vehicle Donations  |
| <input type="checkbox"/> Other (Please describe): _____ |   |   |

6. How will *initial* contact be made?

- Telephone    Mail    Email    Internet    Social Media  
 Other (describe): \_\_\_\_\_

7. Is soliciting conducted by telephone?    Yes    No

If yes, provide the following regarding the location(s) from which calls will be made (if more than one location, continue on a separate sheet):

Address of call center (include street, city, and state): \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Manager(s) and/or supervisor(s) name: \_\_\_\_\_

Home telephone number(s): \_\_\_\_\_

Manager(s) and/or supervisor(s) residence: \_\_\_\_\_

8. Are telephone solicitations recorded?    Yes    No    Soliciting not conducted by phone

If yes, indicate how long the recordings are kept: \_\_\_\_\_



PROFESSIONAL FUNDRAISER SOLICITATION NOTICE  
(Continued)

9. Is soliciting conducted by email, the Internet, or social media?  Yes  No

If yes, provide the following regarding the location(s) from which solicitations will be made (if more than one location, continue on a separate sheet):

Website: \_\_\_\_\_ Email Address: \_\_\_\_\_

ISP: \_\_\_\_\_ Telephone Number(s): \_\_\_\_\_

Address(es) of location(s) (include street, city, and state) from which email, Internet, or social media solicitations are generated and sent: \_\_\_\_\_

Manager(s) and/or supervisor(s) name(s): \_\_\_\_\_

Manager(s) and/or supervisor(s) residence: \_\_\_\_\_

Home telephone number(s): \_\_\_\_\_

10. Have any of the persons listed in response to Numbers 7 and/or 9 ever been a party to any litigation, criminal or civil, involving claims of fraud, conversion, mismanagement of funds, breach of fiduciary duty, breach of contract, or any other claim involving dishonesty?

Yes  No If yes, attach detailed explanation as to date, court, claim and disposition.

11. Will the solicitation campaign involve the sale of goods or services?  Yes  No

If yes, check one or more of the following that apply:

- Tickets to an event  Advertising space in a program book, journal, or other
- Book  Card  Magazine  Merchandise  Subscription
- Other (describe): \_\_\_\_\_

12. Will the professional fundraiser or any person it employs, procures, or engages have custody of contributions?  Yes  No

If yes, provide the name and address of each bank where receipts from the solicitation campaign will be deposited and identify if the professional fundraiser and/or charity will have the authority to withdraw the funds (if more than one, continue on a separate sheet):

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Professional fundraiser can withdraw funds  Charity can withdraw funds  Both



**PROFESSIONAL FUNDRAISER SOLICITATION NOTICE**  
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13. Will contributions be made by mail?  Yes  No

If yes, identify the person and address to which mail will be sent:

\_\_\_\_\_  
\_\_\_\_\_

14. Will the professional fundraiser hold contributions?  Yes  No

If yes, describe how contributions are stored after receipt until deposited in the bank:

\_\_\_\_\_  
\_\_\_\_\_

15. Will contributions be sent to a post office box?

If yes, identify which of the following will collect the mail (check all that apply):

- Professional fundraiser or its agent  Charitable organization
- Forwarded to another address (please provide): \_\_\_\_\_

16. Will contributions be made electronically?  Yes  No

If yes, identify the website where the contributions will be made: \_\_\_\_\_

If yes, indicate whether electronic payment processing fees are assessed by the professional fundraiser or its vendors to the charitable organization?  Yes  No

17. Will contributions be received over the telephone?  Yes  No

If yes, identify in what form the contributions will be made (check all that apply):

- Credit Card  Electronic Check  Other (please specify): \_\_\_\_\_

18. Briefly describe the charitable program for which the solicitation campaign is being carried out:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PROFESSIONAL FUNDRAISER SOLICITATION NOTICE**  
**(Continued)**

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**Certification by Professional Fundraiser**

I have read the above and certify that the information contained in this Solicitation Notice and all attachments are true and correct to the best of my knowledge.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Certification by Charitable Organization**

I, \_\_\_\_\_ (name), \_\_\_\_\_ (title), of  
\_\_\_\_\_ (name of charitable organization), hereby certify that I am  
authorized to sign this certification and that the information in this Solicitation Notice and all attachments are true  
and correct to the best of my knowledge.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_