

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CHARITABLE ORGANIZATIONS
207 NORTH OFFICE BUILDING
HARRISBURG, PENNSYLVANIA 17120

TELEPHONE: (717) 783-1720
1- 800-732-0999 (WITHIN PA)
FAX (717) 783-6014

SOLICITATION NOTICE - FORM BCO-170

FEE \$25

**Business name and address of professional solicitor
as registered with the Bureau:**

**Legal name and address of charitable organization
as registered with the Bureau:**

FULL BUSINESS NAME

ADDRESS

CITY STATE ZIP CODE

FULL LEGAL NAME

ADDRESS

CITY STATE ZIP CODE

1. Describe the solicitation campaign and/or event. Indicate the dates the campaign began or will begin and when it will terminate in Pennsylvania. If the campaign involves a show, circus, performance or similar event, provide the address and seating capacity of the facility where the event will be held and the time and date of each performance:

**2. Is the charitable organization currently registered with the Bureau to solicit contributions? Yes _____ No _____
If No, is the charitable organization exempt from registration? Yes _____ No _____.**

3. Describe the charitable programs/purposes for which the contributions raised will be used by the charitable organization. If the contributions are to be used for the overall programs or purposes of the charity, you may simply include the charitable organization's stated mission or purpose.

**4. Will you the professional solicitor, or anyone acting on your behalf have custody or control of contributions at any time?
Yes No**

5. The account number and location of each bank account(s) where receipts from the campaign will be deposited (you may have to obtain this information from the charity).

6. Is the bank account(s) referred to in Item 5 in the name of the charitable organization and does the charitable organization maintain and administer the account and have sole control of all withdrawals? Yes No

7. Give each location and telephone number from which the solicitation will be conducted:

8. Attach a list providing the legal name and residence address of each person responsible for directing and supervising the conduct of the campaign and each person who will solicit during the campaign. Please indicate which individuals are directors or supervisors.

I, the authorized contracting officer for the professional solicitor, do hereby declare that the information contained herein is true and correct to the best of my knowledge, information and belief.

AUTHORIZED CONTRACTING OFFICER
FOR PROFESSIONAL SOLICITOR

TYPE OR PRINT NAME AND TITLE OF
AUTHORIZED CONTRACTING OFFICER

DATE _____