

COMMERCIAL CO-VENTURER

ANNUAL FUNDRAISING ACTIVITY REPORT

Report Solicitations For Most Recent Fiscal Year

COMMERCIAL CO-VENTURER INFORMATION (please print)		
NAME OF COMMERCIAL CO-VENTURER		
LICENSE #: CCV		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE # ()	FAX # ()	E-MAIL:
Fiscal Year:	From: <i>mm/dd/yyyy</i>	To: <i>mm/dd/yyyy</i>

For each Charitable Organization with which the Commercial Co-Venturer has contracted, complete the following: (Continue on page 2 as needed)

NAME OF CHARITABLE ORGANIZATION		
LICENSE #: CO		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE # ()	FAX # ()	E-MAIL:
Dates of Fundraising Campaign:	From: <i>mm/dd/yyyy</i>	To: <i>mm/dd/yyyy</i>
Total dollar amount raised for this campaign:		\$
Total dollar amount remitted to the Charitable Organization from this campaign:		\$

COMPLETE THIS SECTION FOR THE ENTIRE FISCAL YEAR

Total dollar amount raised for the Fiscal Year:	\$
Total dollar amount remitted to Charitable Organizations by Commercial Co-Venturer for the Fiscal Year:	\$

By my signature, I hereby certify that the information provided on this annual fund-raising activity report is true and accurate to the best of my knowledge and belief.	
Name (Printed or Typed)	Title (Printed or Typed)
Signature:	Date:

PHOTOCOPY AS NEEDED

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LICENSE #: CO		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE # ()	FAX # ()	E-MAIL:
Dates of Fundraising Campaign:	From: <i>mm/dd/yyyy</i>	To: <i>mm/dd/yyyy</i>
Total dollar amount raised for this campaign:		\$
Total dollar amount remitted to the Charitable Organization from this campaign:		\$

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PHONE # ()	FAX # ()	E-MAIL:
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Total dollar amount raised for this campaign:		\$
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