

**PROFESSIONAL FUND-RAISING COUNSEL**

**ANNUAL FUNDRAISING ACTIVITY REPORT**

**Report Solicitations For Most Recent Fiscal Year**

PROFESSIONAL FUND-RAISING COUNSEL INFORMATION (please print)		
NAME OF PROFESSIONAL FUND-RAISING COUNSEL		
LICENSE #: PFR		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE # ( )	FAX # ( )	E-MAIL:
Fiscal Year:	From: <i>mm/dc/yyyy</i>	To: <i>mm/dc/yyyy</i>

For each Charitable Organization with which the Professional Fund-Raising Counsel 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/dc/yyyy</i>	To: <i>mm/dc/yyyy</i>
Total dollar amount raised for this campaign:		\$
Total dollar amount paid to professional fund-raising counsel by the charitable organization for this campaign:		\$

**COMPLETE THIS SECTION FOR THE ENTIRE FISCAL YEAR**

Total dollar amount raised for the Fiscal Year:	\$
Total dollar amount paid to Professional Fund-Raising Counsel by all Charitable Organizations 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		
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Total dollar amount raised for this campaign:		\$
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Total dollar amount raised for this campaign:		\$
Total dollar amount paid to professional fund-raising counsel for this campaign:		\$