

**PROFESSIONAL FUND RAISER (PFR)
 LIST OF CHARITIES & CONTRACTS
 For Whom Fund Raising Services Are to be Provided**

PFR NAME _____ PFR # 02- _____

MANAGEMENT PERSON(S) WHO PREPARE THIS FORM. _____

SUBMIT A COPY OF EACH CONTRACT WITH REGISTRATION.
 LIST CHARITIES FOR WHOM FUNDRAISING SERVICES ARE TO BE PROVIDED.
 PROVIDE the following BANK INFORMATION FOR EACH CHARITY LISTED:

Contract Info: CO# 01- _____	Charity Name, City, State:	<u>Contract</u> Contract Date: ___/___/___ <u>Terms:</u> Beginning: ___/___/___ Ending: ___/___/___
Bank Information:	Name of Bank: Address of Bank:	Signatory Control of Bank Acct: <input type="checkbox"/> PFR <input type="checkbox"/> Charity <input type="checkbox"/> Escrow/Caging <input type="checkbox"/> Other describe: _____
Contract Info: CO# 01- _____	Charity Name, City, State:	<u>Contract</u> Contract Date: ___/___/___ <u>Terms:</u> Beginning: ___/___/___ Ending: ___/___/___
Bank Information:	Name of Bank: Address of Bank:	Signatory Control of Bank Acct: <input type="checkbox"/> PFR <input type="checkbox"/> Charity <input type="checkbox"/> Escrow/Caging <input type="checkbox"/> Other Describe: _____
Contract Info: CO# 01 - _____	Charity Name, City, State:	<u>Contract</u> Contract Date: ___/___/___ <u>Terms:</u> Beginning: ___/___/___ Ending: ___/___/___
Bank Information:	Name of Bank: Address of Bank:	Signatory Control of Bank Acct: <input type="checkbox"/> PFR <input type="checkbox"/> Charity <input type="checkbox"/> Escrow/Caging <input type="checkbox"/> Other Describe: _____
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Bank Information:	Name of Bank: Address of Bank:	Signatory Control of Bank Acct: <input type="checkbox"/> PFR <input type="checkbox"/> Charity <input type="checkbox"/> Escrow/Caging <input type="checkbox"/> Other Describe: _____

COMPLETE AS MANY COPIES OF FORM PFR-06 AS NEEDED TO LIST ALL CHARITIES FOR WHICH FUND RAISING SERVICES ARE TO BE PROVIDED. A COMPLETED COPY OF THIS FORM MUST BE SUBMITTED WITH EACH NEW CONTRACT FILED.

Contract Info: CO# 01- _____	Charity Name, City, State:	<u>Contract</u> Contract Date: ___/___/___ <u>Terms:</u> Beginning: ___/___/___ Ending: ___/___/___
Bank Information:	Name of Bank: Address of Bank:	Signatory Control of Bank Acct: <input type="checkbox"/> PFR <input type="checkbox"/> Charity <input type="checkbox"/> Escrow/Caging <input type="checkbox"/> Other Describe:
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