COMMONWEALTH OF KENTUCKY
OFFICE OF THE ATTORNEY GENERAL
1024 CAPITAL CENTER DRIVE SUITE 200 FRANKFORT, KY 40601

FUND-RAISING CONSULTANT FORM 4

Contract Registration Coversheet

****IMPORTANT****

All questions must be completed and all contracts must be signed and clearly printed by two (2) authorized officials of the charitable organization, one (1) of whom shall be a member of the organizations governing body, AND the authorized contract officer for the fundraising consultant. Failure to meet any of these conditions will delay or prevent the processing of this campaign submission.

KY Consultant Registration # C-_____

1. Name and Address of Fundraising Consultant: _____

   _____

   Contact name at **this firm**: _____ Phone_____

2. Name and Address of Charitable Organization: _____

   _____

3. ****Charity EIN#** _____ ****Charity KY Registration Number**: _____

4. **Charity Contact person** _____ **Title** _____

   Phone number (include extension if applies): _____

Provide projected dates for services to this charitable organization:

5. ***Beginning Date of Contract*** _____

6. ***Beginning Date in Kentucky*** _____

7. ***Ending Date of Contract***: _____