



**SOLICITATION NOTICE**  
**For Charitable Solicitation in the State of Ohio**  
**(Section 1716.07, Ohio Revised Code)**

This notice is to be completed by every professional solicitor prior to commencement of any solicitation of contributions on behalf of a charitable organization. **(Failure to complete all items may delay solicitations of contributions in the State of Ohio.)**

**The professional solicitor must obtain the written and signed consent from every charitable organization on whose behalf the professional solicitor will be soliciting contributions or whose name may be mentioned during the solicitation.**

1. \_\_\_\_\_  
(Full name of professional solicitor) (EIN #) (Ohio Registration No.)

2. \_\_\_\_\_  
(Name(s) under which business will be conducted in Ohio)

2. (a) If a d/b/a (doing business as) name is used, please attach copies of the Secretary of State filing(s) or other record(s) reflecting registration of this d/b/a.

3. \_\_\_\_\_  
(Address of principal place of business)

\_\_\_\_\_  
(City) (State) (Zip) (Telephone No.)

\_\_\_\_\_  
(E-mail address) (Web address)

4. Provide the name, address, telephone number, EIN, and Ohio registration number for the charitable organization on whose behalf the professional solicitor is acting or soliciting contributions, or whose name may be mentioned during the solicitation. Attach a list and a copy of the consent statement from any other charitable organization whose name may be mentioned during the solicitation campaign.

\_\_\_\_\_  
(Name of Charitable Organization)

\_\_\_\_\_  
(EIN No.) (Ohio Registration No.)

\_\_\_\_\_  
(Address) (State) (Zip) (Telephone No.)



5. Will the professional solicitor be using a d/b/a of the charity in the course of the solicitation campaign? ☐ ☐

Yes

No

5. (a) If yes, list the d/b/a name(s) of the charity that will be used in the course of the solicitation campaign.

---

5. (b) If yes, please attach copies of the Secretary of State filing(s) or other record(s) reflecting registration of this d/b/a.

6. Will the professional solicitor at any time have custody of any contributions? ☐ ☐  
Yes No

7. Provide the name(s), address(es), and telephone number(s) of the person(s) employed by the professional solicitor that will have final responsibility for the custody of contributions received by the professional solicitor:

Name

Street Address

Telephone No.

---

---

8. Please indicate the projected dates when the solicitation will commence and terminate:

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

9. Please check each of the applicable fund-raising methods to be used in the solicitation or services to be provided to the charitable organization.

- ☐ telephone solicitation  
☐ mail solicitation  
☐ door-to-door solicitation  
☐ consulting  
☐ planning  
☐ managing solicitors  
☐ providing promotional material  
☐ providing accounting services  
☐ Internet Solicitation: \_\_\_\_\_

- ☐ coupon sales  
☐ advertising sales  
☐ other item(s) sold \_\_\_\_\_  
☐ special events \_\_\_\_\_  
☐ show or performance \_\_\_\_\_  
☐ other (explain) \_\_\_\_\_

(List URL)



10. Provide the address and the telephone number from where the solicitation will be conducted:

Street Address

Telephone No.

---

---

---

11. Provide the name and residence address of each person responsible for directing and supervising the conduct of the solicitation campaign:

Name

Street Address

---

---

12. **Summary of Contract Terms**

12. (a) State the percentage of the gross revenue from the solicitation campaign that the charity will receive, as set forth in the attached contract:

\_\_\_\_\_ %

12. (b) The percentage shown above is a (check one) :

☐

Fixed percentage of the gross revenue.

☐

Reasonable estimate of the percentage of gross revenue. (If the percentage is estimated, the charity must be guaranteed a percentage of the gross revenue that is not less than 90% of the amount of the reasonable estimate of that percentage.)

12. (c) Term of contract: From \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

12. (d) If the Professional Solicitor will at any time have custody of contributions, list the contract provisions that describe how the contributions will be handled by the Professional Solicitor. [Please refer to R.C. § 1716.07(F).]

Contract Provision

Page

---

---

---

---



## CONSENT STATEMENT

To be completed by an authorized representative of the charitable organization on whose behalf the professional solicitor will be soliciting contributions or whose name may be mentioned during the solicitation.

I, \_\_\_\_\_, being first duly sworn state that I am  
(Name)

the \_\_\_\_\_ of \_\_\_\_\_.  
(Title or Office) (Name of charitable organization)

I hereby give permission to \_\_\_\_\_  
(Professional Solicitor)

to plan, conduct, manage, or carry on a drive or campaign to solicit charitable contributions in the manner set forth in the attached Solicitation Notice.

I hereby certify that I have read the foregoing Solicitation Notice and all of the accompanying material, and that the information is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public Signature)

\_\_\_\_\_  
(Notary Public Printed Name)

Seal

AFFIDAVIT

STATE OF \_\_\_\_\_: \_\_\_\_\_: SS  
COUNTY OF \_\_\_\_\_:

I, \_\_\_\_\_, being first duly sworn state that I am the  
(Name)  
\_\_\_\_\_ of \_\_\_\_\_  
(Title or Office) (Name of Professional Solicitor)

and further state as follows:

1. I am the individual who has completed the foregoing Solicitation Notice form;
2. I have read the foregoing Solicitation Notice and know the contents thereof;
3. The same is true to the best of my knowledge and belief; and,
4. This Notice is made for the purpose of complying with the provisions of Chapter 1716 of the Ohio Revised Code.

(Signature)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

(Notary Public Signature)

(Notary Public Printed Name)

Seal