**Form 10A**

**Addendum to Registration Statement to be Filed by Professional Solicitors**

**Please TYPE or CLEARLY PRINT all entries in black ink.**

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| **1(A). Full legal name and any additional names under which the professional solicitor conducts**  **business:** |
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|  |

|  |  |
| --- | --- |
| **1(B). Legal principal place of business:** | |
| Address: | |
| City: State: Zip Code: | |
| Phone: | Fax: |
| Email address: | Website (URL): |

|  |  |
| --- | --- |
| **2(A). Charitable organization benefiting from this solicitation campaign:** | |
| Name: | AGO Account #: |
| Address: | Phone: |

|  |  |
| --- | --- |
| **2(B). Charitable organization’s employee(s) or agent(s) who will be primarily responsible for the**  **solicitation campaign and who should receive any correspondence related to the campaign:** | |
| Name: | Title: |
| Address: | Phone: |
| Name: | Title: |
| Address: | Phone: |

|  |  |
| --- | --- |
| **3. Individual to contact, if more information is needed about this form:** | |
| Name: | |
| Address: | |
| City: State: Zip Code: | |
| Phone: | Email: |

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| --- | --- |
| **4(A). Office(s) in Massachusetts or elsewhere from which the solicitation will be conducted. Attach**  **separate page if necessary:** | |
| Address: | |
| City: State: Zip Code: | |
| Phone: | Fax: |

|  |  |
| --- | --- |
| **4(B). Professional solicitor’s employee(s) or agent(s) who will be primarily responsible for conducting**  **and supervising solicitations at each office listed in Question 4(A) above. Attach separate pages if**  **necessary; include ALL sub-contractors.\*** | |
| Name: | Title: |
| Address: | Phone: |
| Name: | Title: |
| Address: | Phone: |

\*Sub-contractors must be registered and bonded with Massachusetts before solicitation occurs. The registrant holding the contract with the charitable organization is responsible for filing the contract and any applicable financial report with the Division.

1. If any Officer, Director, Trustee, Partner, Management Employee or Owner of more than 10% of the professional solicitation entity filing this form, or a relative of any of them, now or within the past two calendar years, has served as an Officer, Director, Trustee, Partner, Management Employee or in any way has been affiliated with or in control of, directly or indirectly, the charity that is the beneficiary of this campaign, please place an “X” in the box to the right and attach an explanation in which you name the affiliated persons and describe the affiliation.
2. If any Officer, Director, Trustee, Partner, Management Employee or Owner of the charity that is named in Question 2 above, or a relative of any of them, now or within the past two calendar years, has served as an Officer, Director, Trustee, Partner, Management Employee or Owner of more than 10% of the professional solicitor filing this form, in any way has been affiliated with or in control of, directly or indirectly, the professional solicitor, please place an “X” in the box to the right and attach an explanation in which you name the affiliated persons and describe the affiliation.

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| **7. Describe the charitable purpose(s) benefiting from the solicitation. Be as specific as possible.** |
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| --- | --- |
| **8. Anticipated duration of solicitation (MM/DD/YYYY).** | |
| Starting date: | Ending date: |

1. **Projected gross receipts to be raised by this solicitation:**

$

This figure is (check one):

Stated in written contract/agreement Estimate/estimate range not stated in contract

1. **Approximate percentage of gross receipts that the charitable organization will receive or retain:**

%

This figure is (check one):

Stated in written contract/agreement Estimate/estimate range not stated in contract

|  |
| --- |
| **11. If prospective contributors ask how much of their contributions will go to the charitable**  **organization, what will they be told?** |
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|  |
|  |

**12(A). Place an “X” in the box to the right if the professional solicitor, or its agents or**

**employees will handle receipts.**

**12(B). Indicate the type of professional fund-raiser by writing the corresponding code in the box to**

**the right:**

|  |  |
| --- | --- |
| 1 | Deposit/withdrawal by solicitor only |
| 2 | Deposit by solicitor, withdrawal by solicitor or charity |
| 3 | Deposit by solicitor, withdrawal by charity only |
| 4 | Deposit/withdrawal by charity only |
| 5 | Other (please explain): |

|  |
| --- |
| **12(C). If the professional solicitor is able to withdraw funds under the arrangement indicated in 12(B),**  **provide the following information.** |
| Bank in which charitable funds held: |
| Account number: |
| Bank address (Street No. and Name): |
| Bank address (City, State, Zip Code): |

**13.** **Massachusetts General Laws, chapter 68, section 23, requires that the following disclosures be made to each potential contributor at the time of solicitation:**

* The name and address of the charitable organization for whom the solicitation is being conducted
* A description of how the contributions raised will be used for charitable purposes
* The information that the solicitation is being conducted by a paid fundraiser
* If the solicitation is for advertising the geographic distribution and circulation of any publication in which the advertising will appear

**Please attach a copy of the solicitation script for this campaign and indicate the types of monitoring that will take place during the solicitation campaign to ensure that the required disclosures are made and that misrepresentations do not occur (check as many as apply).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Script of oral presentation reviewed by: |  | Solicitor |  | Charity |
| Direct mailing reviewed by: |  | Solicitor |  | Charity |
| Other written presentation (e.g. pamphlets, labels, etc.) reviewed by: |  | Solicitor |  | Charity |
| In-room supervision of telephone solicitation by: |  | Solicitor |  | Charity |
| Telephone monitoring by: |  | Solicitor |  | Charity |
| Random follow-ups with donors by: |  | Solicitor |  | Charity |
| Other *(explain method)*: |  | Solicitor |  | Charity |

**14.** **Type of solicitation (check as many as apply):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Door-to-door |  | Sale or offer of goods\*\* |
|  | Telemarketing |  | Sale of advertising\*\* |
|  | Direct mail (attach letter) |  | Entertainment event (sale of tickets)\*\* |
|  | Other (please explain) |  | Internet fundraising |

\*\*If the solicitation described in above involves the sale of goods, advertising, or tickets to an entertainment event, complete the sales schedule on the page 5.

If the solicitation described above does not involve the sale of goods, advertising, or tickets, do not complete the sales schedule on page five. Be sure, however, to obtain and submit the appropriate signatures on Page 6.

**Sales Schedule**

**If the solicitation campaign outlined in this form involves the sale of goods, advertising, or tickets to an entertainment event, you must complete this page.**

**15. If the solicitation campaign involves the sale of a good that will be manufactured by the professional**

**solicitor or an affiliate of the professional solicitor, attach a description of the relationship that includes the name, address, and phone number of the manufacturer.**

**16(A). If the solicitation campaign involves the sale of advertising for a publication, complete the following**

**Information.**

|  |
| --- |
| Name of publication: |
| Anticipated date of distribution |
| Anticipated geographic area of distribution: |
| Method of distribution: |
| Number of copies to be distributed: |

**16(B). If the publisher is an affiliate of the professional solicitor, attach a description of the relationship that**

**includes the name, address, and phone number of the publisher.**

**17(A). If the solicitation campaign involves an entertainment event, complete the following information.**

|  |
| --- |
| Date and time of event (MM/DD/YYYY): |
| Location of event: |
| Seating capacity of event: |

**17(B). Type of promotion by professional solicitor (check as many as apply):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Telemarketing |  | Direct mail |
|  | Sale to public through mass media |  | Other *(please explain)* |

**17(C). Promotion involves (check as many as apply):**

|  |  |  |
| --- | --- | --- |
|  | Ticket sales for personal use | Number of tickets: |
|  | Sales of tickets to be donated for use by others | Number of tickets: |
|  | Charitable solicitation not including sale or donation of tickets | |

**17(D). Indicate any groups accepting donated tickets below. Please attach groups’ written confirmation of**

**acceptance.**

|  |  |
| --- | --- |
| Name: | Number of tickets: |
| Address: | Phone: |
| Name: | Number of tickets: |
| Address: | Phone: |

**Certification by the Solicitor:**

Under penalties of perjury, I certify the above declarations to be true and correct to the best of my knowledge. I agree to file supplemental Forms 10A if at any time the information on this form requires amendment or correction. I agree to file the Professional Solicitor’s Annual Financial Report Form 11A for the solicitation campaign which is the subject of this Form 10A as required by Massachusetts General Laws Chapter 68, Section 25(c). I have attached a copy of the contract or written agreement that corresponds to the above-referenced solicitation campaign as required by Massachusetts General Laws Chapter 68, Section 22. I agree that no solicitation on behalf of the above-mentioned charitable organization will commence prior to the filing of this Form 10A.

Under the pains and penalties of perjury, I certify the above declaration to be true and correct to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature on behalf of Professional Solicitor PRINT name and title Date signed

**Acknowledgment by the Charitable Organization:**

I acknowledge that I have reviewed the responses stated in this document on behalf of the charitable organization:

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|  |

(Name of charitable organization)

…and I declare, under penalties of perjury, that the responses are true and correct to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature of authorized officer or trustee PRINT name and title Date signed

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature of authorized officer or trustee PRINT name and title Date signed

**\*\*\*Please note that the signatures of two different officers on behalf of the charitable organization are required. The Form 10A will not be accepted without the appropriate signatures.**