

# REPORT OF INDIVIDUAL FUNDRAISING CAMPAIGN

**CHARITY:**

<b>Name</b>	Campaign Beginning	and Ending
Mailing Address	CO# 01-	
City, State, Zip Code	Phone #	
Contact Person	Title	Phone #

**PROFESSIONAL FUND RAISER (PFR):**

Name	PFR #02 -
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**NATURE OF FUNDRAISING ACTIVITY:** \_\_\_\_\_

A. Total Amount Raised \_\_\_\_\_ A. \$

**B. Expenses:**

		PAID BY:	
		PFR	Charity
1. Professional Fundraiser Fee	1.		
2. Solicitor Compensation	2.		
3. Salaries	3.		
4. Printing	4.		
5. Postage	5.		
6. Telephone	6.		
7. Rent & Utilities	7.		
8. Supplies	8.		
9. Travel	9.		
10.	10.		
11.	11.		
12.	12.		
13. TOTAL EXPENSES (PFR + Charity)	13.		

B.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
C.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
D.	% <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>

C. Total amount received by the charitable organization (after all expenses are paid) \_\_\_\_\_ C

D. Percentage of Funds received by charity (Line C divided by line A) \_\_\_\_\_ D.

E. Bank where funds are deposited? \_\_\_\_\_ E.

F. Who (charity or PFR) has signature control of the account(s) listed above? \_\_\_\_\_

G. Are the expenses in B above actual expenses for this campaign? Yes  or No  If No, attach a schedule explaining in detail, how expenses are allocated between fundraising campaigns.

We the undersigned, declare and certify under perjury that we have examined this report, including all the schedules, and statements, and the facts therein stated are true and complete and filed with the Illinois Attorney General for the purpose of having the people of the State of Illinois rely thereupon.

**PFR CAMPAIGN**

MANAGER (Print Name)	TITLE
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SIGNATURE	DATE
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**OFFICER, DIRECTOR**

OF CHARITY (Print Name)	TITLE
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SIGNATURE	DATE
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