

# Charitable Solicitation Campaign Financial Statement

**Legal Name of Professional Fundraiser:** \_\_\_\_\_ **Legal Name of Charity:** \_\_\_\_\_

**MIFR Number:** \_\_\_\_\_ **MICS Number or EIN:** \_\_\_\_\_

**Period covered by this report:** \_\_\_\_\_ to \_\_\_\_\_

**Type of Report:** \_\_\_\_\_ Final Report \_\_\_\_\_ Annual or Interim Report

## Part I. General Information

### A. Fundraising Methods used in this campaign (mark all that apply):

Telephone	Internet/Social media	Special event
Direct mail	Radio/television	Other (describe): _____
Vehicle donations	Door to door	_____

### B. Books and records of this campaign are in the care of:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

## Part II. Financial Information

Report amounts from entire campaign, not just Michigan. Include all revenues and costs of any sub-contractors. Net amount to charity on line D should be after all costs of campaign have been deducted, including any costs contracted or incurred separately by the charity.

A. Gross receipts collected in campaign:	\$ _____
B. All campaign costs paid to, or retained by, PFR:	\$ _____
C. Campaign costs, not included on B, incurred by charity:	\$ _____
D. Net amount to charitable organization:	\$ _____

The sum of lines B, C, and D must equal line A. However, if line D would be a negative number, only enter the negative number if the charity incurred the loss on the campaign. Otherwise, enter zero.

Attach a schedule itemizing expenses of the campaign deducted to determine net amount to charity.

## Part III. Certification

By clicking this box, I certify that the statements and information on this Campaign Financial Statement and the attached schedule of itemized expenses have been reviewed by both the above-named Professional Fundraiser and charity and are accurate, complete, and true. False statements are prohibited by MCL 400.288(1)(u) and MCL 400.293(2)(c) and are punishable by civil and criminal penalties.

Print Your Name: \_\_\_\_\_  
 Name of Organization: \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_