



# City of Kerman

850 S. Madera Ave., Kerman, CA 93630

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## CITY OF KERMAN CHARITABLE SOLICITATION APPLICATION

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### SOLICITATION INFORMATION

Date of Solicitation: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Type of Solicitation: \_\_\_\_\_

Specify showing reasons and the need for the contribution to be solicited:  
\_\_\_\_\_  
\_\_\_\_\_

Total amount to be raised: \$ \_\_\_\_\_

Name and address of all persons, board of trustees, governing bodies, who will receive compensation in any way from the solicitation.  
\_\_\_\_\_  
\_\_\_\_\_

Bank or place where funds will be deposited:  
\_\_\_\_\_  
\_\_\_\_\_

Character References:  
\_\_\_\_\_  
\_\_\_\_\_

Past Activities or Participation:  
\_\_\_\_\_  
\_\_\_\_\_

I certify under penalty of perjury that the foregoing is true and correct

Applicant: \_\_\_\_\_