



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: _____