



**CLOSING STATEMENT FOR PROFESSIONAL FUNDRAISERS
AND COMMERCIAL CO-VENTURERS
CONSUMER PROTECTION**

501 Washington Avenue
Post Office Box 300152
Montgomery, Alabama 36130-0152

Telephone: (334) 242-7335
Fax: (334) 353-8400
www.alabamaag.gov

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1. Name of associated charity: _____
 - A. Permanent mailing address: _____

 - B. Telephone number: _____
 - C. Alabama Registration Number: _____
 2. Name of fundraiser or commercial co-venturer: _____

 - A. Permanent mailing address: _____
 - B. Telephone number: _____
 3. Dates of Contract From: _____ To: _____ (Month/Day/Year)
 4. Merchandise sold (description): _____

 5. Number sold: _____
 6. Gross income/sales: _____
 7. Total amount of expenditures incurred during the contract: _____
 8. Net amount to charity: _____

CERTIFICATION

I, _____,
certify that the information on this document and in any attachments is true and correct. I further certify
that I am authorized to submit this form on behalf of

_____.

I also understand that I am under a continuing obligation to notify the Office of the Attorney
General of any change in the information provided.

DATE

SIGNATURE

TITLE

PHONE