



***New Jersey Office of the Attorney General***

Division of Consumer Affairs  
Office of Consumer Protection  
Charities Registration Section  
124 Halsey Street, 7<sup>th</sup> Floor, P.O. Box 45021  
Newark, NJ 07101  
(973) 504-6215

**Form CRI-500LE**

(As Revised April 2016)

(Previous versions of this form may no longer be used and will not be accepted.)

**Information about the  
Notice of Intent to Solicit Funds**

When applicable, the Notice of Intent to Solicit Funds must be completed by the charitable organization and mailed, along with the Notice of Intent filing fee of \$10.00, at least 10 days prior to beginning any solicitation campaign.

**N.J.S.A. 45:17A-30d states that:**

"In addition to all other requirements imposed by this act, a charitable organization that limits its membership to persons who are or formerly were employed as officers statutorily authorized to enforce the criminal laws of this State or that is a parent organization that includes local units that so limit membership shall:

- (1) At least 10 days prior to initiating any solicitation campaign involving multiple solicitations, give written notice describing the nature, purpose and the proposed dates and location of the solicitations to the Attorney General and the county prosecutor of any county in which the solicitations will be made, unless the organization limits its membership to persons who are or were employed by the State, or is a parent organization with local units in more than one county, in which case notice shall be given to the Attorney General who shall notify the appropriate county prosecutors."

*Should you have questions regarding charities registration, independent paid fund-raising or fund-raising counsel registration, or related report filing in New Jersey, please visit our website at [www.njconsumeraffairs.gov/charities](http://www.njconsumeraffairs.gov/charities) where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded.*



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**Notice of Intent to Solicit Funds**

To be completed by a charitable organization that limits its membership to persons who are or were formerly employed as officers statutorily authorized to enforce the criminal laws of the State. Please complete all of the questions accordingly, and indicate "N/A" if not applicable.

**1. Name of Charitable Organization:**

\_\_\_\_\_  
Street Address: \_\_\_\_\_  
Street Address City State ZIP code

N.J. Charities Registration Number: CH-\_\_\_\_\_-00 Phone Number: (\_\_\_\_)\_\_\_\_\_ Please check if the address has changed ☐

2. The solicitation will run from \_\_\_\_\_ until \_\_\_\_\_.  
(month/day/year) (month/day/year)

3. Does the organization limit its membership to persons who are or were employed by the State? ☐ Yes ☐ No

4. Is the organization a parent organization with local units in more than one county? ☐ Yes ☐ No

5. The names and home addresses of the officers of the charitable organization are:

Name \_\_\_\_\_  
Last name First Middle

Address \_\_\_\_\_  
Street address City State ZIP code

Name \_\_\_\_\_  
Last name First Middle

Address \_\_\_\_\_  
Street address City State ZIP code

Name \_\_\_\_\_  
Last name First Middle

Address \_\_\_\_\_  
Street address City State ZIP code

6. The name(s) of the members of the charitable organization who will be in charge of this solicitation.

Name \_\_\_\_\_  
Last name First Middle

Address \_\_\_\_\_  
Street address City State ZIP code

Name \_\_\_\_\_  
Last name First Middle

Address \_\_\_\_\_  
Street address City State ZIP code

Name \_\_\_\_\_  
*Last name First Middle*

Address \_\_\_\_\_  
*Street address City State ZIP code*

7. The New Jersey PFR registration number, name, address and telephone number of any independent paid fund raiser involved in conducting the solicitation/campaign.

N.J. Registration Number: PFR-\_\_\_\_\_-00 Telephone Number: (\_\_\_\_)\_\_\_\_\_

Name \_\_\_\_\_  
*Company*

Address \_\_\_\_\_  
*Street address City State ZIP code*

8. The solicitation will take the following form: (Please check one)

☐ Telephone solicitation

☐ Direct mail

☐ Door-to-door

☐ Other (please specify): \_\_\_\_\_

9. The proceeds of this solicitation shall be used for the following specific purposes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. An audit will be made of the solicitation or collection by:

\_\_\_\_\_  
*Name of Auditor and his/her address and telephone number*

11. This audit of the solicitation of collection will be available for public inspection at the following address of the charitable organization.

\_\_\_\_\_  
*Street address City State ZIP code*

We have read and are aware of the provisions of the Charitable Registration and Investigation Act regarding the solicitation of funds for a charitable purpose. We hereby certify that the above statements are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

\_\_\_\_\_  
*Name (Type or print)*

\_\_\_\_\_  
*Name (Type or print)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title and date*

\_\_\_\_\_  
*Title and date*

After this report has been completed and fully executed by two authorized officers, please file it with the **\$10.00 Notice of Intent filing fee**. Methods of payment are listed at our website: [www.njconsumeraffairs.gov/charities](http://www.njconsumeraffairs.gov/charities).

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