



SC Give Previous Participant Application

Organization Information

Organization Name: _____ Date: _____

Mailing Address: _____

Contact Name: _____ Title: _____

Telephone: _____ Email: _____

Website: _____ Tax ID # _____

Name of Person Managing SC Give Campaign: _____

Type of Organization: ☐ 501(c)(3) ☐ 501(c)(8) ☐ 501(c)(19) ☐ Public Agency

If a 501(c), is your organization required to file an annual Charitable Solicitations Registration* with the Washington Secretary of State? ☐ Yes ☐ No

**You are likely required to have a Charitable Solicitations Registration if your organization has any paid officers or employees, or if you receive more than \$50,000 per year from the public.*

Project Information

Project Name: _____

Brief description of project:

Signature & Certification

I certify that I agree to the participation requirements of SC Give.

I understand that the funds raised during this event are restricted-use funds that can only be used to implement this specific project. Funds cannot be used for general operational overhead or to fund further fundraising efforts.

Signature: _____ Date: _____

Title: _____