



Mail completed form to:
 NH Attorney General's Office
 Attn: Charitable Trusts Unit
 One Granite Place South
 Concord, NH 03301

FORM NHCT-23

NOTICE OF FUND RAISING COUNSEL CONTRACT

FUND RAISING COUNSEL INFORMATION

NH Charitable Trusts Unit Registration Number

| | | | |
|--------------------------|-----------------------|-------|-----|
| Entity Name | | | |
| Address | City | State | Zip |
| Contact Name | | | |
| Contact Telephone Number | Contact Email Address | | |

CHARITABLE ENTITY INFORMATION

NH Charitable Trusts Registration Number *(leave blank if charitable entity is not required to register with the NH Charitable Trusts Unit)*

| | | | |
|--------------------------|-----------------------|-------|-----|
| Entity Name | | | |
| Address | City | State | Zip |
| Contact Name | | | |
| Contact Telephone Number | Contact Email Address | | |

ATTACHMENTS

- Submit a copy of the contract between the fund raising counsel and the charitable trust as well as any amendments to the contract.

SUBMITTED BY:

 Signature of Representative of Fund Raising Counsel

 Date

 Print Name

 Title