

**The State of South Carolina  
Office of the Secretary of State  
Jim Miles  
Public Charities Division  
P. O. Box 11350  
Columbia, SC 29211**

**CHARITABLE SOLICITATION QUESTIONNAIRE**

To be completed only by the person who actually spoke with the person soliciting for a charity.  
The information you provide may become a matter of public record.  
Please return your completed questionnaire as soon as possible.  
Fax: (803) 734-1604 Mailing Address: Post Office Box 11350, Columbia SC 29211.

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

PLEASE USE BACK OF THIS SHEET, IF ADDITIONAL INFORMATION IS NEEDED.

1. Name of the Charitable Organization that you were solicited by:

\_\_\_\_\_

2. Date of Solicitation: \_\_\_\_\_

3. Time of Solicitation, if known: \_\_\_\_\_

4. Who did you think you were talking to -- a volunteer, someone with the charity, an officer of the law, a fireman, etc.? What led you to that conclusion?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Did the Solicitor identify him/herself? Circle one: YES NO

6. If so, what was his/her name? \_\_\_\_\_

7. At anytime, did the solicitor say whether he/she was a paid or professional solicitor? Circle one: YES NO

8. Did the solicitor, if paid, identify the company he/she worked for? Circle one: YES NO

9. If the company was given, what was its name?

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10. Did you ask where the charity was located? Circle one: YES NO

11. If YES, where did the solicitor indicate the charity was located?

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12. Did the solicitor tell you the purpose of the organization and what your contribution would be used for? Circle one: YES NO

If YES, please describe below:

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13. Did you ask the solicitor to send you information about the organization before agreeing to donate? Circle one: YES NO

If YES, what information was sent and was this the information requested?

14. Do you believe that the solicitor misrepresented or mislead you by any manner, means, practice or device? Circle one: YES NO

If YES, please explain: \_\_\_\_\_

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15. Did you make a pledge to the charity? Circle one: YES NO

If YES, how much? \$\$ \_\_\_\_\_

16. Did you contribute? Circle one: YES NO

17. Please attach any additional comments you may have regarding this solicitation.

IF YOU HAVE COPIES OF RECEIPTS, LETTERS, ETC. IN CONNECTION WITH THIS SOLICITATION, PLEASE INCLUDE THEM WITH THIS QUESTIONNAIRE. THANK YOU.

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_