Charities Registration Withdrawal

North Carolina Secretary of State Charities Solicitation Licensing (CSL) Division P.O. Box 29622 Raleigh, NC 27626-0622



Fax: 919-807-2220 Email: cslenforcement@sosnc.gov Form can be mailed, faxed, or emailed.

Phone: 919-814-5400

Your information ————————————————————————————————————				
Date of request	Email address			
Name of the charitable organization, professional fundraising consultant, or paid solicitor				
Street address				
City		State	ZIP code	
CSL License Number		Federal employer identification number (FEIN)		
Withdrawal information				
Date that solicitations in North Carolina ended				
Fiscal year-end of last approved filing. Paid solicitors and professional fundraising consultants, enter date registration expires or did expire.				
Please answer the following questions about your organization's internet or social media fundraising:				
Does the organization solicit contributions on the internet or through social media?				
○ Yes ○ No				
If yes, has the organization reviewed its donor information to confirm that it does not physically target persons physically located in North Carolina for solicitations and does not receive contributions from North Carolina on a repeated and ongoing basis?				
○ Yes No				

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Withdrawal information				
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Is organiza	tion registered to solicit contributions in other s	states?		
Yes	No			
solicitation		ubmitted all required contracts, agreements and or citation campaign conducted for the immediate A?		
Yes	No			
Why is regi	stration being withdrawn?			
Filer's inforr	mation			
	irm under that I am authorized to certify on ovided is true and complete to the best of my k	n behalf of the above-named organization that the knowledge.		
First name	Middle / initial Last nan	me Title		
Cianoture of acid	parized officer	D.t.		
Signature of auth	ionzed onicer	Date		

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