

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

FORM NHCT-22 NOTICE OF CHARITABLE SALES P	ROMOTION			
INTERESTED PARTIES				
CHARITABLE ENTITY				
Charitable Entity Name				
NH Charitable Trusts Unit Registration Number	:			
Address	City	State	Zip	
Contact Name	Contact Title	,		
Contact Telephone Number	Contact Email Address	Contact Email Address		
COMMERCIAL CO-VENTURER				
Commercial Co-Venturer Name				
Address	City	State	Zip	
Contact Name	Contact Title			

Contact Telephone Number

Contact Email Address

1.	Date the charitable sales promotion will commence:		
2.	Please select yes or no to verify that the following terms are included in the sales promotion agreement:	e written char	ritable
	Date the charitable sales promotion will commence	☐ Yes	□ Ne
	The goods or services to be offered to the public	☐ Yes	□ N
	The geographical area where, and the starting and final date when, the offering shall be made	☐ Yes	□ No
	The manner in which the charitable entity's name shall be used, including the representation to be made to the public as to the actual or estimated dollar amount or percent per unit of goods or services purchased or used that shall benefit the charitable entity	☐ Yes	□ N•
	If applicable, the maximum dollar amount that shall benefit the charitable entity	☐ Yes	□ No
	The estimated number of units or goods or services to be sold or used	☐ Yes	□ N
	The date by which the commercial co-venturer shall provide a final accounting to the charitable entity	☐ Yes	□ No
	The date by and the manner which the benefit shall be conferred on the charitable entity	☐ Yes	□ N•
3.	Attach a copy of the charitable sales promotion agreement between the charomercial co-venturer.	ritable entity	and the
	CERTIFICATION		

NHCT-22 (September 2022)

Print Name

Title

Signature of Authorized Representative of Charitable Entity

Date