



## **GRANT SPONSORSHIP AGREEMENT**

### ***Part I: IDENTIFICATION OF SPONSOR***

**NAME OF SPONSORING PARTY:** \_\_\_\_\_

We are very grateful for your generous support and hope you will allow us to thank you publicly, however, we understand the reasons for privacy should you choose to remain anonymous. Please indicate your identification preference below:

- You have permission to publish the name of the Sponsor.
- The Sponsor wishes to remain anonymous.

### ***Part II: IDENTIFICATION OF GRANT TO BE SPONSORED*** ***(PLEASE COMPLETE A SEPARATE AGREEMENT FOR EACH GRANT SPONSORED)***

**GRANT TO BE SPONSORED:** \_\_\_\_\_

### ***Part III: AMOUNT OF SPONSORSHIP COMMITMENT***

**PLEASE INDICATE BELOW THE AMOUNT OF YOUR SPONSORSHIP COMMITMENT AND PAYMENT METHOD**

**\* TO BE CONSIDERED AN OAK GRANT SPONSOR A MINIMUM DONATION OF \$2500 IS REQUIRED**

**\* TO BE CONSIDERED AN ACORN GRANT SPONSOR A MINIMUM DONATION OF \$1000 IS REQUIRED**

Donor Advised Fund Contribution .....\$\_\_\_\_\_.

Cash Contribution (Check Enclosed) .....\$\_\_\_\_\_.

Cash Contribution to be received no later than October 1, 2009..... \$\_\_\_\_\_.

**TOTAL SPONSORSHIP AMOUNT.....\$\_\_\_\_\_.**



***Part III: SPONSOR CONFIDENTIALITY AGREEMENT***

In order to keep you informed about the work you are sponsoring, we share with you privileged information provided to us by the investigator of the study you are potentially sponsoring. Investigators are understandably sensitive about who has access to their information due to high level of competition for health study dollars. We appreciate their concerns and to maintain integrity with investigators we ask that the information you receive about the study you are sponsoring remain protected.

The undersigned understands that information received from the AKC Canine Health Foundation about any study is privileged. I will respect the confidentiality of any information concerning the projects I review. Also, I will not reproduce or disseminate in any manner the documents I receive from the AKC Canine Health Foundation. I understand that the terms of this agreement are good for my current term on this committee. Should I be elected/assigned an additional term on this committee, I will be required to re-sign this confidentiality agreement at that time. If I choose to resign from or am otherwise asked to leave this committee, I will inform the AKC Canine Health Foundation of this resignation and that I am no longer eligible to receive confidential information.

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Printed Name

Title

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Organization

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Address

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City/State/Zip

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Phone

Email

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Signature

Date

**Return Completed Signed Form and Payment to:**

Erika Werne, Director of Education, Communications & Club Relations  
AKC Canine Health Foundation  
P.O. Box 900061  
Raleigh, NC 27675-9061  
Fax: 919-334-4011