



FIDOS FOR FREEDOM, INC.

An Assistance Dog Training Organization
1200 Sandy Spring Road
Laurel, MD 20707
(301) 490-4005 (VOICE)
(410) 880-4178 (VOICE)
(301) 490-9061 (FAX)

Fidos For Freedom, Inc. Assistance Dog In Training Sponsorship Agreement

I/we, _____, agree to sponsor the training of (insert name of dog or "Fidos training program") _____ a Fidos For Freedom, Inc. (Fidos) Assistance Dog In Training.

I/we commit to making a total donation of \$ _____. This sponsorship money will be designated to be spent solely on the expenses associated with raising and training this specific dog. I am committing to sponsoring this dog for a minimum of one year. At the conclusion of that year, Fidos has the discretion to apply any remaining funds to another Assistance Dog In Training.

I/we wish to (check one):

- Be a full sponsor for the food and vet care for the duration of the training period (3 years) at a cost of \$2,500 per year, and make an additional donation of \$_____ for support of the training program
- Be a full sponsor of food and vet care for the duration of the training period (3 years) at a cost of \$2,500 per year.
- Be a full sponsor for *one year* at a cost of \$2,500, and make an additional donation of \$_____ for support of the training program.
- Be a full sponsor for *one year* at a cost of \$2,500.
- Be a partial sponsor for *one year* at a cost of \$1, 250, and make an additional donation of \$_____ for support of the training program. I understand that efforts will be made to locate other parties who may be interested in being partial sponsors of this dog as well.
- Be a partial sponsor for *one year* at a cost of \$1, 250. I understand that efforts will be made to locate other parties who may be interested in being partial sponsors of this dog as well.
- Be a contributing sponsor in the amount of \$_____, I understand that efforts will be made to locate other parties who may be interested in being partial sponsors of this dog as well.

This tax-deductible donation will be made via (check one):

- Annual contributions of \$_____
- Quarterly Contributions of \$_____ per quarter.
- Monthly contributions of \$_____ per month.

I/we wish that my sponsorship of this dog be (please check *yes* or *no* for all items):

- yes no kept anonymous
- yes no acknowledged on Fidos web page
- yes no acknowledged at the annual banquet upon graduation of the dog/client team

This dog's future partner may wish to contact you by phone, in person, or in writing to thank you for sponsoring this dog and/or tell you about the dog that you have sponsored. Do you grant permission for Fidos to release information to this dog's future partner so he/she may contact you? (please check *yes* or *no*):

- yes no

In an effort to heighten awareness about the Fidos Sponsorship Program, Fidos would like to use your name, photograph, video footage and/or quotes in our public relations efforts which may include, but are not limited to, having the above items used in: newspaper articles, magazine articles, on the Fidos Web page, in corporate solicitations, press releases, the Fidos Annual Report, displays for the organization's information booths, and during public speaking engagements. Does Fidos have your permission to do so? (please check *yes* or *no*):

- yes no

I/we understand and agree that:

- Although I am sponsoring this dog, Fidos will make the determination in how the dog is trained and with whom it will ultimately be placed.
- I may contact the sponsorship liaison or executive director at any time to inquire about the dog's progress and/or to schedule a visit with this dog to take place at the Fidos Training Center at 1200 Sandy Spring Road in Laurel, MD.
- Fidos will contact me quarterly to inform me about the progress of my sponsored dog.
- Sponsorship of this dog does not guarantee that this dog will complete the training program and be placed with a future partner who is disabled.
- It is Fidos' right to remove this dog from the training program for any reason that they deem necessary at any point during its training or placement; in the event that this situation occurs I will be notified immediately.

- Fidos has the discretion to designate any funds remaining at the end of the sponsorship period to be applied to another dog that does not have adequate sponsorship, unless other specific arrangements have been agreed upon.

I/we have read the above agreement, understand the conditions contained therein, and agree to the terms in their entirety.

Sponsor's Printed Name _____
Date

Sponsor's Signature

Co-Sponsor's Printed Name *(if applicable)* _____
Date

Co-Sponsor's Signature *(if applicable)*

Signature of Fidos For Freedom, Inc. Representative _____
Date

If SPONSOR is a company or organization, list official name of entity and authorized representative(s):

Sponsor's Address _____

Co-Sponsor's Address _____
(if applicable) _____

Phone Number(s) _____

Fax Number _____

Email Address(es) _____

Please make check payable to:
Fidos For Freedom, Inc.

Checks may be mailed to:
*Fidos For Freedom, Inc. • c/o Dogs In Training Sponsorship Program
 1200 Sandy Spring Road • Laurel, Maryland 20707*

(Office Use Only)

Notes
