



## Partnership Program Agreement

**This Partnership Program Agreement** (herein "Agreement") is made on the day of \_\_\_\_\_, by and between Until There's A Cure Foundation (herein "UNTIL"), a 501(c)3 corporation with the address of 560 Mountain Home Road, Redwood City, CA 94062- 2515 and \_\_\_\_\_ (herein "Agency"), a 501(c)3 organization providing AIDS care and/or education services with offices located at:

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHEREAS**, UNTIL has the goal of funding vaccine development, care services, and education using *The Bracelet™* as the tool; and

**WHEREAS**, UNTIL wishes to assist the fundraising efforts of 501(c)3 charitable organizations who provide AIDS care and/or education services; and

**WHEREAS**, Agency wishes to raise funds to provide services to individuals infected with AIDS and/or to educate the public about HIV/AIDS prevention by earnings funds from sales of *The Bracelet*: Agency will purchase *The Bracelet* and other items from UNTIL at a discount equal to 25% of the established UNTIL retail price, in return, earning 25% of the price when items are sold by Agency at the established UNTIL retail price.

**NOW THEREFORE**, in consideration of mutual Agreements and covenants contained herein and other good and valuable consideration, receipt of which is acknowledged, the parties hereto, intending to be legally bound hereby agree that:

**AGENCY** agrees to use all funds earned as a reward for selling *The Bracelet* exclusively for the operation and administration of Agency's AIDS care and/or education services. Funds received from selling *The Bracelet* may not be used for anything other than the operation and administration of Agency's AIDS services.

**IN WITNESS WHEREOF**, the parties intending to be legally bound hereby, have executed and delivered this Agreement as of the day of \_\_\_\_\_.

On Behalf of Agency:  
By: \_\_\_\_\_  
Print name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

On Behalf of UNTIL:  
By: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

In addition, please provide:

- Proof of your HIV/AIDS organization's non-profit 501(c)3 status and
- EIN#, \_\_\_\_\_
- a copy of your mission statement,
- a link to your organization's website, \_\_\_\_\_
- Contact information for your organization including Contact Name:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_