



HOPE & HELP PARTNER APPLICATION AND AGREEMENT

Hope & Help Partner _____

By submitting this document the below signed representative of the aforementioned Hope & Help Partner has give United Relief Foundation Executive Committee permission to consider, without obligation, request to be a designated United Relief Foundation Hope & Help Partner.

Should the Hope & Help Partner request be granted, this document shall serve as an Agreement between both parties.

It is the express purpose between the United Relief Foundation and the aforementioned Hope & Help Partner to maintain a relationship that will reflect positively on respective parties and foster participation in mutual humanitarian aid efforts.

The United Relief Foundation grant the aforementioned Hope & Help Partner permission to identify itself as a United Relief Foundation Hope & Help Partner and to use the United Relief Foundation name, logo, images and public information for the express purpose stated above.

The aforementioned Hope & Help Partner grant the United Relief Foundation permission use its name, logo, images and public information as a United Relief Foundation Hope & Help Partner for the express purpose stated above.

This is an "Understanding" between the aforementioned Hope & Help Partner and the United Relief Foundation.

This is NOT a binding legal agreement. Aforementioned Hope & Help Partner or the United Relief Foundation can withdrawal their participation at any time without notice or explanation.

Hope & Help Partner *contact information will not be made public.*

Representative's Name: _____

Mailing Address: _____

City: _____ State: _____

Telephone: _____ (Best number to be contacted at)

Fax: _____ (If available)

Email: _____ (If available)

Please mail form to:

United Relief Foundation – PO Box 9132 – Mount Prospect, IL 60056

Or Fax to: (847) 803-1877