I, _________________________________________________, have read, understand, and agree to comply with the following restrictions on my access to donor information:

Prairie State Legal Services, Inc. (PSLS) is an Illinois not-for-profit corporation. During the course of its fundraising campaigns, PSLS will acquire sensitive information about donors and potential donors from the donors themselves, from PSLS, and from other sources. PSLS respects the privacy of its donors and is fully committed to preserving and protecting the confidentiality of all donor information which it acquires. Moreover, PSLS considers donor information it acquires to be PSLS’s private, protected property.

As a person assisting PSLS, I may be given access to PSLS’s donor information. My access to PSLS’s donor information may be given to me orally, in writing, or electronically. Any donor information which may be furnished to me shall be held by me in confidence and shall not be disclosed, in whole or in part, either orally or in writing, to any person without the express written consent of PSLS. I understand that whatever access to PSLS’s donor information I may be given is limited and temporary. Such donor information shall remain the private property of PSLS at all times, and I can only use that information as expressly authorized by PSLS for the benefit of PSLS.

I promise that at all times I will respect the privacy of PSLS’s donors and will exercise all reasonable care to preserve and protect the confidentiality of any donor information to which I am given access. If I am legally compelled to disclose any of PSLS’s donor information, I will give PSLS written notice of this obligation and a reasonable opportunity to object before I make any such disclosure.

At the conclusion of my involvement in the PSLS fundraising campaign all documents and information furnished to me will be returned to PSLS and no copies or reproductions are to be retained by anyone privy to any of the information covered by this agreement.

Signature:___________________________________________ Date: _______________

Printed Name:________________________________________

Organization Affiliation: _______________________________ ____________________________