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D&C GLOBAL AMBASSADOR CHARTER

[Caution: This form charter is to be signed only after the reception of an appointment letter as a D&C Memorial Global Ambassador]

Sign the following Charter as a formal commitment and acceptance of your appointment as a D&C Memorial Global Ambassador.

I. Commitment

I accept my appointment as a D&C Memorial Global Ambassador and affirm my commitment to the mission, values and legitimate interests of Dorothy and Cecilia Memorial Foundation.

II. Voluntary Service

I understand that the Ambassador role is voluntary and does not make me an employee, officer or legal agent of D&C Memorial unless separately established in writing.

III. Representation

I will represent D&C Memorial honestly, respectfully and accurately and will not make commitments on behalf of the Foundation without appropriate authorization.

IV. Resource Mobilization

I will support resource mobilization responsibly and will comply with D&C Memorial procedures, donor restrictions and applicable law.

V. Financial Integrity

I will not receive, hold or deduct D&C Memorial funds through personal accounts unless a specific arrangement has been formally authorized. I understand that any Ambassador Support and Mobilization Allocation is subject to approval, documentation and donor restrictions.

VI. Safeguarding

I will respect the dignity, privacy and rights of all beneficiaries and will comply with D&C Memorial safeguarding requirements.

VII. Confidentiality
I will protect confidential information obtained through my association with D&C Memorial and will not disclose it without authorization.

VIII. Conflicts of Interest
I will disclose actual or potential conflicts of interest and will not use my ambassador position for improper personal advantage.

IX. Use of Name and Brand
I will use the D&C Memorial's name, logo, title and materials only in ways consistent with D&C Memorial's approved guidance.

X. Accountability
I will provide reasonable updates on significant activities undertaken in the name of D&C Memorial and will cooperate with appropriate review processes.

XI. Duration
I understand that my appointment is normally for one year and may be renewed or terminated in accordance with the program framework.

Name:_____

Address:_____

Telephone:_____

Email:_____

Signature_____

Date: _____