

# AGENCY/ORGANIZATION AGREEMENT

This form should be completed by anyone sponsoring all or part of a camper's fee. Parents/guardians should feel free to copy this form if more than one Agency or Organization is contacted for assistance.

**Agency/Organization must complete this form and mail it to:**  
**(Please note: parent/guardian may not complete and sign on behalf of sponsoring organization.)**

The Barton Center for Diabetes Education, Inc. P.O. Box 356 North Oxford, MA 01537
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AGENCY/ORGANIZATION NAME: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

The above-named Agency/Organization will provide campership assistance for:

\_\_\_\_\_

Camper name

In the amount of:

\$ \_\_\_\_\_

Our check will be forwarded to The Barton Center office on: \_\_\_\_\_(date)

**Representative's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In some cases, multiple agencies will agree to sponsor a camper, creating an overpayment of the child's camp fee. The Barton Center must raise more than \$500,000 annually to assist families with camp fees. Your support is vital to this effort. Please indicate your willingness to allow The Barton Center to use an overpayment to assist another child in need by checking the following:

**We agree to allow The Barton Center to apply funds to a different camper in the event of overpayment.** (If box is not checked, overpayments of this type will be refunded to the agency only!)

*The Barton Center for Diabetes Education, Inc. is a 501 (c) (3) non-profit organization. Charitable contributions to The Barton Center are tax-deductible as determined by the rules and regulations of the IRS.*

*The Barton Center does not discriminate on the basis of financial income, race, religion, ethnicity, gender, gender identity, sexual orientation, or family experiences.*

**The Barton Center for Diabetes Education, Inc.**

P.O. Box 356, 30 Ennis Road, North Oxford, MA 01537

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www.bartoncenter.org