**A close-up of a logo

Description automatically generatedThe Allston Group – Non-Disclosure Agreement (NDA)**

**Effective Date**: [Insert Date]  
**Parties**: The Allston Group (“Consultant”) & [Client Representative] (“Client”)

**1. Purpose**

This Non-Disclosure Agreement (NDA) is established to protect the confidential information shared during Fundraising Therapy Sessions.

Fundraising is competitive. We get it. This ensures that what’s said in these strategy calls stays in the room. No leaks, no gossip, no accidental oversharing.

**2. Definition of Confidential Information**

Confidential Information includes but is not limited to:

* Internal fundraising strategies & campaign details
* Donor lists & prospect discussions
* Financial data related to development goals
* Organizational challenges and staffing issues

Information that is already public knowledge or independently developed by either party is not covered.

**3. Mutual Confidentiality**

Both parties agree to:

* Keep all discussed information private.
* Not disclose, share, or reproduce confidential materials.
* Protect donor data and avoid sharing any personally identifiable information beyond what is necessary for consultation.

**4. Duration & Termination**

This NDA remains in effect for two years from the last session unless otherwise agreed in writing. If terminated, all confidential information must still remain private.

**5. No Legal Obligations Beyond Confidentiality**

This NDA does not:

* Create an employment or partnership relationship.
* Guarantee outcomes, funding, or results (because fundraising still takes work).

**6. Agreement**

By participating in Fundraising Sessions, both parties acknowledge and agree to the terms of this Non-Disclosure Agreement.

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Organization:\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name:\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adam Morrow (The Allston Group): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Invoice Number:  
Invoice Date:  
Payment Due Date:  
  
Services Start Date:  
Services End Date: