



Darlene M. Pinkerton
President & CEO

Valerie Milbourne
Donor Coordinator

Rose Lucero
Surrogate Coordinator

Name: _____ Partner's Name: _____

Address: _____

Phone: _____ Email: _____

IVF Center: _____ Coordinator: _____

Confidentiality Agreement: Except for Client's family members, Client will not disclose to any third party, or use in any manner information furnished by A Perfect Match, Inc., including but not limited to, terms of engagement, costs, fees, processes, time frames, sources, names of other parties, data from A Perfect Match, Inc., or interviews with persons anticipated or employed to meet Client needs. Client will not disclose the confidential information to any person or party without specific written authorization of A Perfect Match, Inc.

Client Signature Date

Client Signature Date

SURROGACY

IP's Characteristics (ethnicity, age, marital status, education, etc.): _____

Traits Desired in Surrogate (ethnicity, marital status, education, personality, etc.): _____

Will you use IP eggs? _____ IP sperm? _____ donor eggs? _____

donor sperm? _____ PGD? _____ Sex selection? _____

Will you be actively contacting other agencies? _____

How did you hear about A Perfect Match? _____

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