



Sponsor Agreement

Sponsor Name: _____

Sponsor's Contribution Amount: \$ _____

In-Kind Goods/Services or Publicity/Media: _____

AHA Cause and/or Event(s): _____

Location of AHA Activity/Event(s): _____

Date(s) of AHA Activity/Event(s): _____

Term of Agreement: Start Date: _____ End Date: _____

AHA Obligations to Sponsor: (summarize or provide attachment)

Payment Due Date (*Sponsor to complete prior to signing*): Payments to be made according to the schedule below: 1) for individual event sponsorships, no less than 45 days prior to the (each) event; 2) each payment must be at least \$1,000; and 3) no more than 4 installments.

Due Date(s):	Amount Payable on Due Date
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

Payment Method:

Send me an invoice. ¹

Payment will be provided by my Donor Advised Fund held at _____ institution. ²

I would like to pay by credit card, please contact me at _____. ³

²The AHA is pleased to accept Donor Advised Funds (DAF) from an authorized Fund manager in accordance with IRS guidelines. DAF cannot be used to pay for, among other things, tangible benefits such as tickets to an AHA event. Donors should contact their personal DAF manager to determine whether their DAF can be used to pay for Donor's financial commitment to the AHA. Please contact your American Heart Association representative, or email mission.advancement@heart.org for more information.

NOTE: If paying with DAF, please provide the name of the institution where the fund is held.

³ Please provide a phone number. Do not provide credit card information on this form. AHA staff will contact the number provided to obtain the information needed to process a payment by credit card.

Please make checks payable to the American Heart Association and send to:

AMERICAN HEART ASSOCIATION
Southeast- Accts. Rec.
PO Box 5027
Boone, IA 50950

Purpose: The purpose of this sponsorship is to benefit the American Heart Association (AHA) and advance its not-for-profit mission to be a relentless force for a world of longer, healthier lives. Sponsor would like to assist the AHA to carry out its mission and agrees to provide the support outlined above. Sponsor understands that as a not-for-profit charitable organization AHA cannot promote or endorse Sponsor's products or services.

- Sponsor agrees that as a not-for-profit charitable organization, the AHA will be required to disclose its sources of funding, including Sponsor's funding or other resources provided under

this Agreement.

- No rights to use AHA service marks are granted in this Agreement.
- In appreciation of Sponsor's support, AHA will recognize Sponsor's donation in the appropriate Cause or Event related materials. Sponsor grants permission to AHA to display Sponsor's name and trademark (Sponsor Marks) for the Term of this Agreement, with Sponsor's prior review and approval. (See details of Sponsor recognition and benefits on the attached form).
- Sponsor and AHA agree that each is responsible for its own business activities and for its action or inaction relating to the specific Cause or Event activities under this Agreement. Sponsor will be responsible for securing any necessary release forms from participants in any Sponsor activity held at AHA's Cause or Event activity.
- Neither party will be in breach of this Agreement if Cause or Event activities are cancelled as a result of forces beyond the party's reasonable control, regardless of foreseeability, such as natural disaster, act of God, act of the public enemy, war or act of war, civil disturbance or threat of civil disturbance, terrorism, act of any government de jure or de facto or agency or official thereof, government restrictions, travel restrictions, public health emergency, government-imposed measures responding to the outbreak of infectious disease, labor shortage, transportation contingencies, unusually severe weather, default of manufacturer or a supplier, quarantine restrictions, pandemic, epidemic, catastrophe, or similar cause beyond the reasonable control of such party rendering performance inadvisable, impracticable, illegal or impossible. Whenever possible, any schedule for performance stated above will be extended as necessary to overcome the effects of such force majeure. If the parties do not mutually agree to reschedule performance, this Agreement shall terminate.

Sponsor Contact Information:

Name: _____
Title: _____
Company: _____
Address: _____
Phone: _____ Fax: _____
E-mail: _____

Sponsor Billing Information (if different):

Name: _____
Title: _____
Company: _____
Address: _____
Phone: _____ Fax: _____
E-mail: _____

My signature indicates authorization to make this commitment on behalf of my company.

By: _____ Date: _____
Print Name/Title: _____

Thank you for your support of the American Heart Association

FOR AHA USE ONLY:

By: _____ By: _____
Print Staff Name: _____ Print Supervisor Name: _____
Title: _____ Title: _____
Date: _____ Date: _____

Please send completed form with transmittal sheet and required supporting documents to your local finance contact.