



# *Sweethearts*

Celebrating the  
American Heart Association's  
30<sup>th</sup> Annual Heart Ball

# Program Details

## WHAT ARE "SWEETHEARTS"?

Sweethearts are high school girls who participate in educational and social programs and activities and are presented at the American Heart Association's prestigious Heart Ball. Activities will occur during the 2018-2019 school year.

Although the program is intended to be fun, it will groom future heart health advocates. Becoming a Sweetheart is an excellent résumé-building tool, since the young ladies will have the opportunity to attain community service hours and network with other peers.

## SWEETHEART ACTIVITIES

Sweethearts begin meeting in September and typically meet once a month until the conclusion of the program.

### Opening Sweetheart Mixer — September 2018

*This social event allows the Sweethearts and mothers to meet one another in a fun and casual environment.*

### STEM Event — October 2018 — Community Service Event (2hrs)

*Following an aerobics workout, a special guest will educate the girls about establishing healthy nutritional habits.*

### Father/Daughter Healthy Cooking Class — November 2018 — Community Service Event (2hrs)

*This event gives fathers a chance to participate with their daughters before Heart Ball, while putting into practice what Sweethearts learned the previous month about nutrition.*



### Teleparty Fundraiser/Dangers of Smoking Seminar —

December 2018 — Community Service Event (3hrs)

*Before learning the marketing skills associated with fundraising, Sweethearts will learn about the dangers of smoking.*

### CPR and AED Training (2-hr or 4-hr course) — Date TBD — Community Service Event (2-4 hrs)

*During this event, the Sweethearts are trained in CPR and the Automated External Defibrillator.*

### Presentation at the 2019 Heart Ball — February, 2019

*The highlight of the year — the Sweethearts will be presented during a charming ceremony at the Heart Ball along with their fathers (or escorts).*

### Day at the Capitol/Legislative Training — March 2019 — Community Service Event (5hrs)

*Sweethearts will have an opportunity to sit in on a session and tour the state capitol. They will learn about current initiatives being supported by the AHA and will meet with local representatives.*

### Heart Walk Event — April 2019 — Community Service Event (4hrs)

*Sweethearts will work at the Heart Walk in a variety of jobs, including the Kids Zone area, assisting survivors, working the route, etc.*

### Year End Celebration — May 2019

*Celebrate with your friends! You have completed the American Heart Association's Sweetheart Program. Congratulations!*



# Program Requirements

## SWEETHEART REQUIREMENTS

- Sophomore, junior or senior in the 2018-2019 school year
- Submit an application along with one letters of reference (from outside the family) and the deposit or full payment to the American Heart Association by Friday, May 19, 2018 at 5:00pm.
- Strive to maintain a "heart-healthy" lifestyle
- Demonstrate responsibility toward keeping commitments

## WHAT IS THE COST?

- Option #1**      \$3,000 (\$2,600 is tax-deductible)  
Includes seating for three at the Heart Ball
- Option #2**      \$5,000 (\$4,600 is tax-deductible)  
"Cor Vitae" Sweetheart  
Includes premier seating for three at the Heart Ball

*Cor Vitae is the AHA's Philanthropic Giving Society to honor our top supporters. Donors who give \$5,000 or more annually receive both national and local recognition. Cor Vitae Sweetheart families will be recognized in a special way at Heart Ball, plus Sweethearts will receive an exclusive gift for this commitment!*

- Option #3**      \$10,000 (\$8,725 is tax-deductible)  
**Sweetheart Sponsorship**  
Sweetheart families will receive sponsorship benefits at the Heart Ball, including a full table of ten in a prime location, recognition as a sponsor and a full recognition page in event program.

The fee may be paid in one sum or installments. If paying in installments, the first payment of \$500 is due with your completed application package. If a girl is not selected to be a Sweetheart, the deposit will be returned. If a girl is selected as a Sweetheart and drops out of the program, the deposit is non-refundable.

## HOW TO APPLY

Submit a completed application, \$500 deposit or full payment, and a signed agreement form (if not paying in full) to the American Heart Association.

To request an application or for additional information, please contact Tiffany Ellis 405-415-3034.

## ABOUT THE HEART BALL

The event began in 1977 as the Red and White Ball, a biannual gala held at the Oklahoma City Golf and Country Club. Beginning in 1989, the name was changed to the Heart Ball, and it became an annual event. In the past 10 years, over 6 million dollars have been raised to fund lifesaving research, education and community service programs for our metropolitan area.

Held at the National Cowboy & Western Heritage Museum, the Heart Ball is one of the most elegant black tie events in the city. It is well known for great entertainment, elegant dining, and fun themes. The Sweetheart Program was added to the event in 2001.

## AMERICAN HEART ASSOCIATION

*Building healthier lives free of cardiovascular disease and stroke.*

**Impact Goal:** By 2020, to improve the cardiovascular health of all Americans by 20 percent while reducing deaths from cardiovascular disease and stroke by 20 percent.

## LIFE IS WHY

- Cardiovascular diseases remain America's #1 killer, causing a death every 33 seconds.
- Cardiovascular diseases claims the lives of over 400,000 women per year, which is more than the next seven causes of death combined—including all forms of cancer.
- About 36,000 babies are born each year with heart defects.
- Someone in the United States suffers a stroke every 53 seconds, and every 3.3 minutes someone dies of one.
- Seventy percent of all cardiovascular diseases are preventable with healthy lifestyle choices.



## *Sweethearts...*

focus on all areas of the American Heart Association through volunteering, advocacy, learning about heart-healthy lifestyles, and discovering how they can individually fight heart disease and stroke. Our goal is to empower these special young ladies to make a positive change within their peer groups and in the community by embracing the mission of the American Heart Association.



**American  
Heart  
Association®**

**life** is why™

### **Sweetheart Program**

SouthWest Affiliate  
3401 NW 63rd, Ste 200  
Oklahoma City, OK 73116  
P 405.415.3034  
F 405.843.2768  
Tiffany.Ellis@heart.org  
[www.heart.org](http://www.heart.org)



## 2019 Application

Full Name - First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
*We typically list full name, including middle name, in all formal publications, unless otherwise requested.*

Preferred name (*name you want on your nametag?*): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Attending: \_\_\_\_\_

Siblings and Ages: \_\_\_\_\_

In the 2018-2019 School year I will be a:    **Sophomore**    **Junior**    **Senior**    (please circle one)

**For the following questions, you may attach additional sheets if needed.**

What do you hope to gain from your experience as a SWEETHEART?

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How do you currently exhibit a heart-healthy attitude?

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What are your other activities or special interests?

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List three adjectives that your friends would use to describe you:

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Do you have a demonstrated responsibility toward keeping commitments? Please explain.

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Has anyone in your family suffered from heart disease? If so, please explain.

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Do you have volunteer experience? If so, give example(s)

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T-Shirt Size (all adult sizes): ☐ Small ☐ Medium ☐ Large ☐ XL

All Sweethearts will receive an "official" t-shirt!

Applicant Phone: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTS:**

Mother's Name: Ms. Mrs. Dr. \_\_\_\_\_

Name you want on your nametag (if different): \_\_\_\_\_

Company/Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: Mr. Dr. \_\_\_\_\_

Name you want on your nametag (if different): \_\_\_\_\_

Company/Employer: \_\_\_\_\_

Home Address (if different from mother's): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**We love to have the whole family involved! Please check below if you are able to volunteer for the 2019 Heart Ball in some capacity:**

☐ YES! Please contact me so we can determine where would be the best volunteer spot

Parent(s) interested: \_\_\_\_\_

☐ No, I am not interested in volunteering

Parents' Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

# SWEETHEART Payment Options

## SWEETHEART FEE INCLUDES:

- ♥ Seating for three at Heart Ball in February 2019 (TBD)
- ♥ Activities and training throughout the year, September 2018 through May 2019

☐ **OPTION 1: I prefer to fulfill the total SWEETHEART financial obligation at this time**

Select Sweetheart Level: ☐ \$3,000 (Standard) ☐ \$5,000 (Cor Vitae) ☐ \$10,000 (Silver)

(\*Please note: \$500 of the fee is non-refundable after May 19, 2017)

\_\_\_ By Check (made out to the American Heart Association)

\_\_\_ By Credit Card (fill out credit card information below)

☐ **OPTION 2: I prefer to pay the SWEETHEART fee in installments and have completed the enclosed Sponsorship Agreement**

Select Sweetheart Level: ☐ \$3,000 (Standard) ☐ \$5,000 (Cor Vitae) ☐ \$10,000 (Silver)

\_\_\_ By Check by the due dates listed below. *An invoice will be mailed one month prior to the due date.*

\_\_\_ By Credit Card on the due dates listed below. *Please provide credit card information in the space provided.*

Installment Payment Schedule					
Standard Sweetheart \$3,000		Cor Vitae Sweetheart \$5,000		Silver Sweetheart \$10,000	
Due Date	Amount	Due Date	Amount	Due Date	Amount
5/19/18 (with application)	\$500*	5/19/18 (with application)	\$500*	5/19/18 (with application)	\$500*
9/15/18	\$1,250	9/15/18	\$2,250	9/15/18	\$3,250
11/17/18	\$1,250	11/17/18	\$2,250	11/17/18	\$3,250
				1/11/19	\$3,000

*\*The \$500 deposit is nonrefundable after May 19, 2018.*

*The tax deductibility of the Sweetheart fee is equal to the total amount less goods received.*

## CREDIT CARD INFORMATION (Option 1 or Option 2)

Card type (circle one): MasterCard   VISA   AMEX   Discover

Credit card number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Name as it appears on the card (*please print*) \_\_\_\_\_

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

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

**Mail this form, required documents, and appropriate payment to:**

**American Heart Association, 3401 NW 63<sup>rd</sup>, Suite 200, Oklahoma City, OK 73116**

## REQUIRED DOCUMENTS CHECKLIST:

- |   |   |
|---|---|
| <input type="checkbox"/> Completed Application                      | <input type="checkbox"/> Required payment - \$500 deposit or complete payment         |
| <input type="checkbox"/> One letter of recommendation               | <input type="checkbox"/> <b>If not paid in full</b> , the completed Sponsor Agreement |
| <input type="checkbox"/> Copy of most recent report card            | Form (yellow highlighted areas)   |
| <input type="checkbox"/> Signed Sweetheart Code & Mission Agreement |   |

### 2019 Heart Ball Sweetheart Agreement & Mission Statement

Sweethearts focus on all areas of the American Heart Association through volunteering, advocacy, learning about heart-healthy lifestyles, and discovering how they can individually fight heart disease and stroke. Our goal is to empower these special young ladies to make a positive change within their peer groups and in the community by embracing the mission of the American Heart Association.

- ♥ The American Heart Association stands for good personal health decisions and is against the use of tobacco products by minors. Sweethearts are expected to be free of tobacco when representing the American Heart Association at all functions of the Sweetheart Program. Also prohibited is the use, sale, or possession of any illegal drugs.
- ♥ The 2019 Heart Ball will provide alcohol to guests who are at or above the legal drinking age, 21 years. It is my responsibility as a Sweetheart and as a representative of my school, family, and any sponsors, to abide by the law and not consume any alcoholic beverage before, during, or after the Oklahoma City Heart Ball. It is also my responsibility to abide by this code and law for any of the Sweetheart activities.

*Any Sweetheart in violation of any of the above statements will automatically be removed from the Sweetheart Program without a refund of moneys paid to the American Heart Association.*

- ♥ If chosen to become a Sweetheart, I pledge to attend 9 of 11 Sweetheart activities and complete a minimum of 15 hours of Sweetheart Community Service events.

I grant permission to the American Heart Association to use any photographs, motion pictures, recordings, or any other record of Sweetheart events.

I agree for myself, my heirs, executors and administrators, to not sue and to release, indemnity and hold harmless, the American Heart Association, Inc., its affiliates, officers, directors, volunteers and employees, and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this event and related activities – whether it results from the negligence of any of the above or from any other cause.

This release and indemnification agreement shall be as broad and inclusive as is permitted by the State or Province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect.

I have read, understand and agree to the terms of this Agreement.

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Participant's Signature

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Printed Name

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Date

I am the legal guardian of Participant, and I hereby consent to her participation. I have read the foregoing release and indemnification agreement, and I hereby agree on behalf of Participant and myself to its terms.

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Parent/Guardian's Signature

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Printed Name

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Date



# Heart Ball Dresses

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## Dress Guidelines

- Floor length
- Front of dress not to dip below the conventional bra line
- If there is a slit, not to rise above lower thigh
- Color = your choice
- No bare midriff or cutouts
- Dresses need to be ready to wear by the November portrait sitting



## Registering Your Dress

In order to avoid two girls wearing the same Heart Ball dress, all Sweethearts must register their dresses. In the past, there have been several duplications, so it is recommended that you don't purchase your dress until you have confirmed that no one else has the same dress.

Please visit the dress website (link below) prior to shopping to avoid duplicates. We strongly recommend keeping all tags, and do not have any alterations UNTIL your dress is on the website. If two dresses have been bought that are identical, the person who has turned in the information first will have the right to keep the dress. This includes dresses by the same designer and style number (even if they are different colors). Registration instructions are below:

1. Email a photo of the dress (front and back), along with designer name, style number, color and a brief description to Tiffany Ellis at [Tiffany.Ellis@heart.org](mailto:Tiffany.Ellis@heart.org). She will confirm that no one else has the same dress.
2. Please be sure to take the photo with adequate lighting. Dresses look better on, but may be taken on the hanger as well. If your Sweetheart is modeling the dress, the photo only needs to be taken from the neck down. We can crop photo, if needed.
3. Tiffany Ellis is the only person authorized to upload the dress photos to the website. If you have any questions regarding the dress site, please contact Tiffany. Her direct line is 405-415-3034.

The website link is:

<https://www.flickr.com/photos/sweetheartdresses>

Happy shopping!

## Community Service/Education Information

We provide 22 scheduled hours of Community Service/Education Events – a total of 11 activities – to help you attain your required 15 hours. These hours must come from within the Sweetheart program. You also have the opportunity to earn extra community service hours within the program. Please refer to your community service grid at the bottom of the page for more information.

- ♥ Please RSVP for all Community Service/Education events by due date. In order to prepare for the girls, our presenters must know the number of Sweethearts attending the event well in advance. We ask that you are courteous and adhere to this policy!
- ♥ Please be on time to each activity! If you are late, or need other assistance, please call Sandra on her cell: (405) 833-9406.
- ♥ To receive credit for an event, you **MUST** sign the sign-in sheet. It is your responsibility to locate the sign-in sheet before joining the activity.
- ♥ Activities take place between September 11, 2018 and May 15, 2019. We ask that you look at your schedules and plan accordingly to try to make as many of the events as possible.
- ♥ We will keep track of your hours, but we encourage you to do so as well to ensure accuracy.
- ♥ Please note that community service hours are not awarded for social activities.

Community Service Hours Available to Sweethearts	
Event/Activity	# Hours Earned
Opening Mixer	0
STEM Event	2
Acquire minimum of \$250 in Auction Items	2
Portraits	0
Father-Daughter Healthy Cooking Class	2
Teleparty/Hazards of Smoking Seminar	3
CPR/AED Certification	4
Heart Ball	0
Day at the Capitol	5
Heart Walk	4
Year End Social/Graduation	0
<b>Total Available</b>	<b>22</b>
<b>Total Required</b>	<b>15</b>
How to Earn More Community Service Hours	
Auction Bonus: for acquiring at least \$100 above minimum	1
Teleparty Bonus: for every \$500 raised above \$1,000 = 1 hour	1
Letter-writing campaign to Representatives	2
Heart Walk planning, set-up and/or teardown	1+
Volunteer at AHA office (based on availability of projects)	1+
Check. Change. Control. Program	8
Shadow a Doctor / Tour of Research Facility	3
Nominate a New Sweetheart that joins the program	3
<b>Total</b>	<b>18 (or more!)</b>



## IMPORTANT NUMBERS TO REMEMBER

We want to ensure that your Sweetheart year is a fulfilling experience for you and your family. If you have any questions, please do not hesitate to call us. For your convenience, we've listed contact information below and a list of "who to call."

### **Sandra Leaver, Heart Ball Director**

**405-415-3036 (AHA office) or 405-833-9406 (cell)**

**Sandra.Leaver@heart.org**

*For any questions/comments you have regarding:*

- General questions about Heart Ball or AHA
- Sweetheart Event/Activity Details
- Sponsor information for Heart Ball
- Committee Information
- Sweetheart Nominations
- Extra ticket prices for Heart Ball

### **Tiffany Ellis, Sweethearts Coordinator**

**405-415-3034 (AHA office) or 405-921-5663 (cell)**

**Tiffany.Ellis@heart.org**

*For any questions/comments you have regarding:*

- General questions about Heart Ball
- Changes in payment/billing information, including address changes
- Notification of stolen or cancelled credit card used for Sweetheart or Heart Ball payment
- Sweetheart photographs and/or listing in Program
- RSVP for Sweetheart events
- Sweetheart Event/Activity Details
- Name, address and/or phone number changes
- Information regarding community service hours
- Completion of Program certificates
- Seating preferences and extra ticket prices for Heart Ball

### **Sweetheart Chairs**

**Kelly Pearson 405-820-2122**

**Sara Cook 405-425-9808**

*For any questions/comments you have regarding:*

- Sweetheart Activity Details
- Sweetheart Program in general



## 2018-2019 Sweetheart Calendar of Events

Mark your calendars for the dates below. You will receive an email reminder with details.

**Please check email regularly in case dates, times, or locations change!**

**\*There are 2 date options for CPR Training. You will only need to attend one of these.**

<i>Date/Time</i>	<i>Event/Location</i>	<i>Suggested Attire*</i>
<b>September 2018</b> 2:00 pm to 4:00 pm	<b>Opening Mixer – To be announced</b>	<i>Sunday dress</i>
<b>*Option #1:</b> <b>September 2018</b> 1:00 pm to 5:00 pm	<b>*Option #1:</b> <b>CPR/AED Adults, Children &amp; Infant Certification Course</b> AHA, 3401 NW 63 <sup>rd</sup> , Suite 200, Oklahoma City	<i>Comfortable clothes, t-shirts, shorts, sweats, or jeans with sneakers</i>
<b>October 2018</b> 2:00 pm to 4:00 pm	<b>STEM Event</b> Location to be determined	<i>Business attire – skirt or pants, comfortable shoes</i>
<b>October 2018</b>	<b>Deadline for getting auction donor forms to AHA</b> Minimum value \$250 <b>Deadline to turn in Teleparty Names</b> Letters will be mailed to potential donors November 11	
<b>November - TBD</b> Individual appointments will be scheduled	<b>Sweetheart Portraits</b> Look to email for specific times	<i>Ball gowns</i>
<b>November 2018 (2 Sessions)</b> 6:00 pm to 8:30 pm	<b>Father/Daughter Healthy Cooking Class</b> Location to be announced	<i>Casual dress, comfortable closed-toe shoes</i>
<b>December 2018 (2 Sessions)</b>	<b>Teleparty Fundraiser/Hazards of Smoking Seminar</b> AHA, 3401 NW 63 <sup>rd</sup> , Suite 200, Oklahoma City	<i>Casual dress</i>
<b>*Option #2:</b> <b>January 2019</b> 1:00 pm to 5:00 pm	<b>*Option #2:</b> <b>CPR/AED Adults, Children &amp; Infant Certification Course.</b> AHA, 3401 NW 63 <sup>rd</sup> , Suite 200, Oklahoma City	<i>Comfortable clothes, t-shirts, shorts, sweats, or jeans with sneakers</i>
<b>January 2019</b> by 5:00 pm	<b>Deadline to turn in Seating Requests for Heart Ball</b> NOTE: Last day to purchase discounted family tickets!	
<b>February 2019</b> 9:00 am to 10:00 am	<b>Rehearsal with Dads/Escorts</b> National Cowboy & Western Heritage Museum 1700 NE 63 <sup>rd</sup> St	<i>Casual clothes, bring shoes you'll be wearing with ball gown</i>
<b>February 2019</b> 5:40 pm Sweethearts & Families; Begins at 6:00 pm	<b>Heart Ball</b> National Cowboy & Western Heritage Museum 1700 NE 63 <sup>rd</sup> St	<i>Black-tie – Formal (all attendees)</i>
<b>March 2019</b> 9:00 am to 2:00 pm	<b>Day at the Capitol</b> Oklahoma Capitol Building, 2300 N Lincoln Blvd Lunch will be provided	<i>Business attire – skirt or pants, comfortable shoes (we will be walking a great deal)</i>
<b>April 2019</b> 7:00 am to 11:00 am	<b>OKC Heart Walk</b> Chickasaw Bricktown Ballpark 1 Mickey Mantle, between Reno & Sheridan	<i>Sweetheart t-shirt, athletic attire, sneakers, a light jacket if needed</i>
<b>April 2019</b> 2:00 pm to 4:00 pm	<b>Year End Celebration</b> Location to be announced	<i>Sunday dress</i>

*\*Shorts, skirts and dresses should be a respectable and reasonable length.*



## Affiliate Sponsorship Agreement



**Sponsor Name:** \_\_\_\_\_

**Sponsor's Contribution Amount:** \$3,000

**In-Kind Goods/Services or Publicity/Media:** n/a

**AHA Cause and/or Event(s):** 2019 Oklahoma City HeartBall - Sweetheart Program (Standard)

**Location of AHA Activity/Event(s):** TBD - Oklahoma City, OK

**Date(s) of AHA Activity/Event(s):** February 2019

**Term of Agreement: Start:** September 2018 **End:** May 2019

**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 30 days prior to the event; 2) for multi-event sponsorships, 50% of the total is due by mid-point of the term; 3) each payment must be at least \$1,000; and 4) no more than 4 installments.

### Due Date(s)

1. June 15, 2018
2. September 14, 2018
3. November 16, 2018
4. \_\_\_\_\_

### Amount Payable on Due Date

\$	<u>500.00</u>
\$	<u>1,250.00</u>
\$	<u>1,250.00</u>
\$	<u>                    </u>

Please select all that apply:

☐ Check payable to the American Heart Association is enclosed.

☐ Payment will be provided by \_\_\_\_\_, a Donor Advised Fund (DAF). <sup>2</sup>

<sup>1</sup> An invoice will be mailed to you prior to the due date.

<sup>2</sup> The American Heart Association is pleased to accept Donor Advised Funds, however under IRS guidelines, Donor Advised Funds may not be used to pay a legally binding obligation (pledge). Additionally, the value of goods or services received as part of this agreement must be provided from another funding source. If you are interested in donating through a Donor Advised Fund, please contact your American Heart Association representative, or email [mission.advancement@heart.org](mailto:mission.advancement@heart.org).

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

**AMERICAN HEART ASSOCIATION**  
**Southwest Affiliate - Accts. Rec.**  
**PO Box 50040**  
**Prescott, AZ 86304-5040**

**Purpose:** The purpose of this sponsorship is to benefit the American Heart Association (AHA) and advance its not-for-profit mission of building healthier lives, free from cardiovascular diseases and stroke. 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.

**Sponsor Contact Information:**

Name:

Title:

Company:

Address:

Phone:

E-mail:

**Sponsor Billing (if different)**

Name:

Title:

Company:

Address:

Phone:

E-mail:

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

By:

Print Name/Title:

Date:

**Thank you for your support of the American Heart Association**

**FOR AHA USE ONLY:**

By:

Print Staff Name:

Title:

Date:

By:

Print Supervisor Name:

Title:

Date:

*Please send completed form with transmittal sheet and required supporting documents to Finance*

LEG-900F

revised 07/2017



## Affiliate Sponsorship Agreement



**Sponsor Name:** \_\_\_\_\_

**Sponsor's Contribution Amount:** \$5,000

**In-Kind Goods/Services or Publicity/Media:** n/a

**AHA Cause and/or Event(s):** 2019 Oklahoma City Heart Ball - Sweetheart Program (Cor Vitae)

**Location of AHA Activity/Event(s):** TBD - Oklahoma City, OK

**Date(s) of AHA Activity/Event(s):** February 2019

**Term of Agreement: Start:** September 2018 **End:** May 2019

**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 30 days prior to the event; 2) for multi-event sponsorships, 50% of the total is due by mid-point of the term; 3) each payment must be at least \$1,000; and 4) no more than 4 installments.

Due Date(s)	Amount Payable on Due Date
1. <u>June 15, 2018</u>	\$ <u>500.00</u>
2. <u>September 14, 2018</u>	\$ <u>2,250.00</u>
3. <u>November 16, 2018</u>	\$ <u>2,250.00</u>
4. _____	\$ _____

Please select all that apply:

☐ Check payable to the American Heart Association is enclosed.

☐ Payment will be provided by \_\_\_\_\_, a Donor Advised Fund (DAF). <sup>2</sup>

<sup>1</sup> An invoice will be mailed to you prior to the due date.

<sup>2</sup> The American Heart Association is pleased to accept Donor Advised Funds, however under IRS guidelines, Donor Advised Funds may not be used to pay a legally binding obligation (pledge). Additionally, the value of goods or services received as part of this agreement must be provided from another funding source. If you are interested in donating through a Donor Advised Fund, please contact your American Heart Association representative, or email [mission.advancement@heart.org](mailto:mission.advancement@heart.org).

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

**AMERICAN HEART ASSOCIATION**  
**Southwest Affiliate - Accts. Rec.**  
PO Box 50040  
Prescott, AZ 86304-5040

**Purpose:** The purpose of this sponsorship is to benefit the American Heart Association (AHA) and advance its not-for-profit mission of building healthier lives, free from cardiovascular diseases and stroke. 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.

**Sponsor Contact Information:**

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

**Sponsor Billing (if different)**

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

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

By:   
Print Name/Title:

Date:

**Thank you for your support of the American Heart Association**

**FOR AHA USE ONLY:**

By:   
Print Staff Name:   
Title:   
Date:

By:   
Print Supervisor Name:   
Title:   
Date:

*Please send completed form with transmittal sheet and required supporting documents to Finance*

LEG-900F

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