



**Yes! I would like to contribute to Men Go Red**



Go Red For Women is nationally sponsored by



Donor Information:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

AHA EVENT/CAUSE: \_\_\_\_\_

In recognition materials, please list my name as: \_\_\_\_\_

### Donation Agreement

The purpose of this Agreement is defined on the second page of this form.

This Donation Agreement is made by and between the American Heart Association, a charitable institution (Federal Tax ID #13-5613797), and Donor for the payment of a donation in the amount of \$ \_\_\_\_\_, to be paid by Donor as outlined below. Donation must be paid in full at least 30 days prior to the event:

Installment Due Date*	Amount Payable on Due Date
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

\* Payments are limited to a maximum of 4 installments of at least \$1,000 each

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

Print Name: \_\_\_\_\_

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

### Payment Information

My check payable to the American Heart Association is enclosed.

Please charge my credit card:\*      Visa      MasterCard      American Express      Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Please send me an invoice in the mail.\*\*

My company will match my gift.      Employer name: \_\_\_\_\_

\* Credit card donations will be processed on the applicable due dates

\*\* An invoice will be mailed to you prior to the due date.

**Send Payment to:**

**AMERICAN HEART ASSOCIATION**

**Purpose**

The purpose of this donation 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. Donor would like to assist the AHA to carry out its mission and agrees to provide the support outlined. Donor understands that as a not-for-profit charitable organization AHA cannot promote or endorse Donor’s products or services.

- ✓ Donor agrees that as a not-for-profit charitable organization, the AHA will be required to disclose its sources of funding, including Donor’s funding or other resources provided under this Agreement.
- ✓ No rights to use AHA service marks are granted in this Agreement.
- ✓ In consideration of Donor’s support, AHA will recognize Donor’s donation in the appropriate AHA materials.
- ✓ Donor 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.

**Staff Use Only**

Send completed form, transmittal sheet, and supporting documents to your local finance contact.

AHA Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

AHA Staff Supervisor Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

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