

Affiliate Sponsorship 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: _____ End: _____

Contribution / Payment Due Date (*Sponsor to complete prior to signing*): Invoice to be paid according to the schedule below, and not less than 30 days prior to Cause or Event. If a payment plan is selected, each payment must be at least \$1,000 and not more than 4 installments.

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

Please be aware that AHA cannot accept payments for your financial commitment under this agreement from a Donor Advised Fund. The IRS provides that payment by a Donor Advised Fund of a donor's legal obligation to another is not allowed.

I do not plan to pay using Donor Advised Funds

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

AMERICAN HEART ASSOCIATION
Great Rivers Affiliate – Accts. Rec.
PO Box 50065
Prescott, AZ 86304-5065

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 servicemarks 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 Information: (if different)

Name: _____
 Title: _____
 Company: _____
 Address: _____

 Phone: _____
 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.