

2010 GWR Heart Ball Sponsorship / Marketing Agreement



Company Name: _____

Sponsorship Contribution Amount: _____

Event: 2010 Greater Washington Region Heart Ball

Location of Event: Ritz Carlton – Tysons Corner

Date of Event: February 27, 2010 (Contribution to be fully received by event date)

Special payment terms: _____

**Fax Completed Form To:
703-248-1795
ATTN: Denise Daffron**

MAA Finance Department will invoice 30 days prior to due date. Please send remittance to:

American Heart Association
4217 Park Place Court
Glen Allen, VA 23060

Purpose: The purpose of the Event is to benefit the American Heart Association (“AHA”) and advance its non-profit mission of fighting heart disease and stroke. The purpose of the Event is not to endorse or promote any product or service of Sponsor or of any third party.

- Check should be made payable to the American Heart Association.
- All printed materials that include an American Heart Association logo must go through the American Heart Association’s approval process prior to print.
- The entire liability of the AHA, and sponsors exclusive remedy for damages from any cause related to or arising out of this Agreement, will not exceed a refund of monies actually paid to the AHA by sponsor and not yet expended by the AHA.

Contact Name: _____ Title: _____

Contact Telephone: _____ Email: _____

Billing Information:

Company _____ Attention: _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Email for billing inquiries: _____

Signature _____ Date _____

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

Thank you for your support of the American Heart Association where our mission is building healthier lives, free of cardiovascular disease and stroke.

For AHA Use
Check Revenue Type: 4605 Participant 4615 Corp Sponsorship 4625 Auction 4605.LEARN Special Appeal 4635 Other

Staff Name _____ Staff Signature _____ Date _____

VP Name _____ VP Signature* _____ Date _____

Finance Approval _____ Fiscal Year _____ Date _____

*VP signature indicates confirmation of pledge through direct contact with donor