**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 A ctivity/ Event(s): Date(s) of AHA Activity/ Event(s): Term of Agreement: Start: En**d:

**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 multiple payments of $1,000 or more each, list each payment separately.

|  |  |  |
| --- | --- | --- |
| **Due Date(s):** |  | **Amount Payable on Due Date** |
| 1. |  | $ |
| 2. |  | $ |
| 3. |  | $ |

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

American Heart Association

# SouthWest Affiliate - Accounts Receivable 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 w ould 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 w ill 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 w ill 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, w ith 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 ow n business activities and for its action or inaction relating to the specif ic Cause or Event activities under this Agreement. Sponsor w ill 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:** | **Sponsor Billing Information:** *(if different)* |
| Name: | Name: |
| Title: | Title: |
| Company: | Company: |
| Address: | Address: |
| Phone: | Phone: |
| E-mail:  | E-mail:  |

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

By: Date: Print Name:

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

|  |  |
| --- | --- |
| **FOR AHA USE ONLY:** |  |
| By:  | By:  |
| Pr int Staff Name:  | Pr int Sup ervisor Name:  |
| Tit le:  | Tit le:  |
| Date:  | Date:  |
| *Please send completed form with transmittal sheet and required supporting documents to your local finance contact.* |

LEG-900F Page 1 of 1 *revised 01/01/2015*