

AMERICAN HEART ASSOCIATION

ATTACHMENT A TO AFFILIATE SPONSORSHIP AGREEMENT

American Heart Association shall provide Sponsor with the following sponsorship benefits:

Please select one sponsorship level:

Presenting Sponsor – \$10,000 (FMV: \$1,300)

- ♥ Two reserved tables of ten.
- ♥ Two bottles of wine.
- ♥ Dinner service at table.
- ♥ Beverages included – 4 drinks per person.
- ♥ Full page corporate recognition in the evenings printed program (distributed to over 400 guests).
- ♥ Verbal recognition at the event.
- ♥ Exclusive signature favors.
- ♥ Name & logo recognition on the Black Tie & Blue Jeans Website.

OR

Black Tie – \$7,500 (FMV: \$650)

- ♥ One reserved table of ten.
- ♥ Two bottles of wine.
- ♥ Dinner service at table.
- ♥ Beverages included – 4 drinks per person.
- ♥ Full page corporate recognition in the evenings printed program (distributed to over 400 guests).
- ♥ Verbal recognition at the event.
- ♥ Table favors.
- ♥ Name recognition on the Black Tie & Blue Jeans Website.

OR

Blue Jean – \$5,000 (FMV: \$650)

- ♥ One reserved table of ten.
- ♥ Beverages included – 4 drinks per person.
- ♥ Full page corporate recognition in the evening's printed program (distributed to over 400 guests).
- ♥ Verbal recognition at the event.
- ♥ Name recognition on the Black Tie & Blue Jeans Website.

OR

Denim – \$2,500 (FMV: \$650)

- ♥ One reserved table of ten.
- ♥ Beverages included – 4 drinks per person.
- ♥ Half page corporate recognition in the evening's printed program (distributed to over 400 guests).
- ♥ Verbal recognition at the event.
- ♥ Name recognition on the Black Tie & Blue Jeans Website.

_____ Sponsor's initials

_____ American Heart Association's initials

American Heart Association - Affiliate Sponsorship Agreement



Sponsor Name: _____ (As to be acknowledge in publications)

Sponsor's Contribution Amount: _____

In-Kind Goods/Services or Publicity/Media: N/A

AHA Cause and/or Event(s): Black Tie & Blue Jeans Event

Location of AHA Activity/Event(s): Waialae Country Club

Date(s) of AHA Activity/Event(s): September 15, 2012

Term of Agreement: Start: _____ End: 09/15/2012

Contribution Payment /Due Date: Invoice to be paid according to the dates specified below.

Due Date	Amount Due
1. 8/15/2012	\$ _____

Send Payment to: American Heart Association/BTBJ 12-13
 Attn: Western States Affiliate
 Address: P.O Box 4002030
 City, State Zip: Des Moines, IA 50340-2030

Check payable to the **American Heart Association**. Please call (808) 457-4962 to process charge payments.

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 AHA Cause or Event materials. Sponsor grants permission to AHA to display Sponsor's name and trademark for the Term of this Agreement, with Sponsor's prior review and approval. (See details of Sponsor recognition and benefits on Attachment A.)
- 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:

Sponsor Billing Information:

Name	Title	Name	Same	Title
Company Name		Company Name Same		
Address		Address Same		
City	State	Zip	City State HI (Hawaii) Zip	
Phone	Fax		Phone	Fax
Email		Email		

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

Signature _____ Date _____

Thank you for your support of the American Heart Association.

FOR AHA USE ONLY:

AHA Staff Signature: _____

AHA Staff Supervisor Signature: _____

Please send this completed form along with a completed transmittal sheet and all required supporting documents to Finance.