



Go Red For Women is nationally sponsored by



Yes! I would like to contribute to Circle of Red!

Donor Information:

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ EMAIL: _____

AHA EVENT/CAUSE: Westchester Fairfield GRFW Luncheon 2016

In recognition materials, please list my name as: _____

This donation is in honor or in memory of _____
(Please circle one) (Please print legibly)

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

This Donation Agreement (the "Agreement") is made by and between the American Heart Association and _____ ("the donor") on this date _____ due in full on May 1, 2016.

I would like join the Circle of Red with a gift of \$1000 or more to the American Heart Association, a charitable institution whose Federal Tax ID Number is 13-5613797.

All Circle of Red members will receive a ticket for themselves and a guest to the Go Red for Women Luncheon on May 4, 2016 at the Stamford Marriott Hotel & Spa.

* I would like to fulfill my pledge in _____ installments of \$ _____ (reminders will be sent)

Installment Due Date:	Amount Payable on Due Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

I would like to commit a gift of \$ _____.

I have not chosen a gift. Please contact me regarding my donation.

Donor Signature _____ Date _____

Payment Information

My check, made payable to the American Heart Association, is enclosed.

Please charge my _____ Visa _____ MasterCard _____ American Express _____ Discover

Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____ Sec. Code: _____

My company will match my gift. Employer: _____

*For individuals using a credit card, donations will be processed on the applicable due dates.



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Send Payment to:

American Heart Association

Attn: Deena Kaye, Director, Go Red For Women

Address: 501 Merritt 7, PH

City: Norwalk ST: CT ZIP: 06851

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

Division Name: Westchester Fairfield AHA Staff Signature: _____

AHA Staff/Position (please Print): Deena Kaye / Director, Go Red For Women

AHA Staff Supervisor Signature: _____

AHA Supervisor/Position (please Print): Judy Campisi / Executive Director