



# Individual Giving Agreement

\_\_\_\_\_ Open Your Heart    \_\_\_\_\_ Circle of Red    \_\_\_\_\_ Patron    \_\_\_\_\_ Other

Donor Name: \_\_\_\_\_

Contribution Amount: \$\_\_\_\_\_

AHA Cause and/or Event(s): \_\_\_\_\_

Date(s) of AHA Activity/Event(s): \_\_\_\_\_

AHA Obligations To Donor: (if applicable, summarize or provide attachment)

\_\_\_\_\_  
\_\_\_\_\_

Payment Due Date (*Donor to complete prior to signing*): Payments to be made according to the schedule below: 1) each payment must be at least \$1,000; and 2) no more than 4 installments.

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

Payment Method:

\_\_\_ Send me an invoice. <sup>1</sup>

\_\_\_ Payment will be provided by my Donor Advised Fund held by \_\_\_\_\_ institution. <sup>2</sup>

\_\_\_ I would like to pay by credit card, please contact me at \_\_\_\_\_. <sup>3</sup>

\_\_\_ My employer will match my gift. Company Name \_\_\_\_\_.

<sup>1</sup>An invoice will be mailed to you prior to the due date.

<sup>2</sup>The AHA is pleased to accept Donor Advised Funds (DAF) from an authorized Fund manager in accordance with IRS guidelines. DAF cannot be used to pay for, among other things, tangible benefits such as tickets to an AHA event. **Donors should contact their personal DAF manager to determine whether their DAF can be used to pay for Donor’s financial commitment to the AHA. Please contact your American Heart Association representative, or email [mission.advancement@heart.org](mailto:mission.advancement@heart.org) for more information.**

*NOTE: If paying with DAF, please provide the name of the institution where the fund is held.*

<sup>3</sup>Please provide a phone number. Do not provide credit card information on this form. AHA staff will contact the number provided to obtain the information needed to process a payment by credit card.

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

AMERICAN HEART ASSOCIATION  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose: The purpose of this gift is to benefit the American Heart Association (AHA) and advance its not-for-profit mission to be a relentless force for a world of longer, healthier lives. Donor would like to assist the AHA to carry out its mission and agrees to provide the support outlined above. 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.
- Donor has no rights to use AHA service marks under 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.

Donor Contact Information:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company  
: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Donor Billing Information (if different):

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company  
: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

My signature indicates my commitment of support.

By: \_\_\_\_\_  
Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your support of the American Heart Association

FOR AHA USE ONLY:

By: \_\_\_\_\_  
Print Staff Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Print Supervisor Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

*Please send completed form with transmittal sheet and required supporting documents to your local finance contact.*