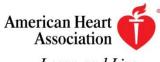
American Heart Association - Affiliate Sponsorship Agreement



			Learn and L
-	ion Amount: \$		
n-Kind Goods/Servic	ces or Publicity/Media: n/a		
AHA Cause and/or Ev	vent(s): 2013 Cotes du Coeu	ır	
Location of AHA Acti	ivity/Event(s): Hilton Anatole -	- Dallas, TX	
	ity/Event(s): April 6, 2013	•	
` ,	Start: upon signing End: 4/6	3/2013 (not to exc	eed davs)
Contribution Paymen		aid according to the	e dates specified below. (If multiple
Due Date (must be at lead 1. 2/6/2013 2 3 4 (to be completed prior	ost 30 days prior to event) or to signature by sponsor)	\$ \$	unt Due on Due Date
Send Payment to:	American Heart Association Attn: South Central Affiliate Address: 8200 Brookriver D City, State Zip: Dallas, Texa	Finance Dr. Ste, N-100	
Check should be made	e payable to the American Hea	art Association.	
 Sponsor agrees funding, including No rights to use 	HA cannot promote or endorse Spathat as a not-for-profit charitable on Sponsor's funding or other resonable AHA servicemarks are granted in of Sponsor's support, AHA will rec	ponsor's products or organization, the AH ources provided unde this Agreement. cognize Sponsor's do	A will be required to disclose its sources of er this Agreement. Onation in the appropriate AHA Cause or
Event materials. Agreement, with attached form.) • Sponsor and Alto the specific C	n Sponsor's prior review and appro HA agree that each is responsible cause or Event activities under this	oval. (See details of for its own business s Agreement. Spons	or's name and trademark for the Term of this Sponsor recognition and benefits on the activities and for its action or inaction relating for will be responsible for securing any at AHA's Cause or Event activity.
Event materials. Agreement, with attached form.) Sponsor and Alto the specific Conecessary relea Sponsor Contact Inform	n Sponsor's prior review and appro HA agree that each is responsible cause or Event activities under this use forms from participants in any s mation:	for its own business s Agreement. Spons Sponsor activity held Sponsor Billing	Sponsor recognition and benefits on the activities and for its action or inaction relating for will be responsible for securing any at AHA's Cause or Event activity. g Information:
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AHA Staff Supervisor Signature: ______ Please send this completed form along with a completed transmittal sheet and all required supporting documents to your local finance contact.