Sponsorship Commitment Form 2010 Heart Ball / Cincinnati



	Company / Donor Name				
	Company / Donor Name				
	Primary Contact				
Address					
City	State	Zip Code			
Phone	Fax	Email			
Contact Person for Seating	Phone	Email			
Contact Person for Advertising	Phone	Email			
Signature of Prim My signature indicates authorization to make th	Date pany.				
☐ YES, you may list my/our name in American Heart Association contrib	press releases, annual repo	rts, and/or internal publications as an			
■ NO, I/we prefer the support remain Payment Options: (Payment is due no Check Enclosed (Payable to American Heart Association)	o less than 30 days prior to	event.)			
Credit Card Number - Circle One Visa • MasterCard • American Express • Discover		Expiration Date			
Name as it appears on Credit Card		Signature			
	Please mail original for ation • 5211 Madison Road 513-842-8863 • Email <u>sara.y</u>	Cincinnati, OH 45227			
Signature of American He	art Association Staff				