

2009 PHOENIX HEART BALL DONOR INFORMATION FORM



DATE SUBMITTED: _____ HEART BALL CONTACT: _____

DONOR'S NAME: _____

COMPANY'S NAME: _____

PHONE NUMBER: (W) _____ (H) _____ (E-mail) _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CORPORATE CONTACT: (if different from Donor) _____

PHONE NUMBER: (W) _____ (WF) _____ (E-mail) _____

Please be specific as to how you wish to be listed in the program. Program and donor form deadline is October 2, 2009.

MR. & MRS. DR. & MRS. MR. & DR. DRs. DR. MR. MRS. Ms.

EXAMPLE: MR. AND MRS. JOHN DOE LINE 1: _____

ABC COMPANY LINE 2: _____

PLEASE DO NOT RECOGNIZE ME OR MY COMPANY IN ANY PUBLICATIONS

\$ _____
PLEDGE/PAID AMOUNT HEART BALL YEAR SIGNATURE DATE

PLEASE CHECK DONATION LEVEL BELOW:

_____ MOST HONORABLE HEART	(\$100,000+)	TABLE OF 10	_____ AMBASSADOR OF HEART	(\$10,000+)	TABLE OF 10
_____ HONORABLE HEART	(\$75,000+)	TABLE OF 10	_____ ACE OF HEART	(\$10,000+)	2 SEATS + AD
_____ ROYAL HEART	(\$50,000+)	TABLE OF 10	_____ KING OF HEART	(\$5,000+)	2 SEATS
_____ MAJESTIC HEART	(\$35,000+)	TABLE OF 10	_____ QUEEN OF HEART	(\$3,000+)	2 SEATS
_____ NOBLE HEART	(\$25,000+)	TABLE OF 10	_____ JACK OF HEART	(\$750+)	_____ SEATS
_____ REGAL HEART	(\$15,000+)	TABLE OF 10			

SPECIAL REQUESTS:

FOR MY DONATION OF \$5,000 (OR MORE), I GIVE PERMISSION FOR MY NAME/LOGO/WEBSITE TO BE LISTED ON THE DONOR PAGE OF THE PHOENIX HEART BALL WEBSITE: YES NO

PLEASE INDICATE YOUR NAME AND WEBSITE ADDRESS (IF APPLICABLE) AS YOU WANT IT TO APPEAR:

PLEASE MAKE CHECKS PAYABLE TO THE AMERICAN HEART ASSOCIATION. CALL THE NUMBER BELOW TO PAY WITH A CREDIT CARD.

PLEASE MAIL TO:	AMERICAN HEART ASSOCIATION ATTN: HEART BALL 2929 SOUTH 48 TH STREET TEMPE, ARIZONA 85282	OR FAX TO:	ATTN: HEART BALL DIRECTOR FAX (602) 414-5355 PHONE (602) 414-5353 WWW.PHOENIXHEARTBALL.ORG
-----------------	--	------------	--

YOUR DONATION BENEFITS THE RESEARCH AND EDUCATIONAL PROGRAMS OF THE AMERICAN HEART ASSOCIATION. IF YOU WOULD LIKE YOUR DONATION TO BE RESTRICTED TO A SPECIFIC PROGRAM, PLEASE ATTACH A SIGNED LETTER STATING YOUR REQUEST SPECIFICATIONS.

PLEASE FILL OUT A FORM FOR EACH DONOR. SIGNATURE REQUIRED BY DONOR. DONOR FORM SERVES AS A VALID CONTRACT.