

# 2009 HEART BALL IN-KIND/UNDERWRITING DONOR INFORMATION



DATE SUBMITTED: \_\_\_\_\_ HEART BALL CONTACT: \_\_\_\_\_

DONOR'S NAME: \_\_\_\_\_

COMPANY'S NAME: \_\_\_\_\_

PHONE NUMBER: (H/W) \_\_\_\_\_ (E-mail) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE ZIP: \_\_\_\_\_

CORPORATE CONTACT: (If different from Donor) \_\_\_\_\_

PHONE NUMBER: (W) \_\_\_\_\_ (WF) \_\_\_\_\_

**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

PLEASE CHECK BOX:

	IN-KIND DONATION
	UNDERWRITTEN EXPENSE

\$ \_\_\_\_\_

AMOUNT/RETAIL VALUE	HEART BALL YEAR	SIGNATURE	DATE
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ALL UNDERWRITTEN EXPENSES LESS THAN \$5,000 MUST BE ACCOMPANIED BY RECEIPTS. UNDERWRITING OVER \$5,000 DESIGNATED TO A SPECIFIC HEART BALL EXPENSE MUST BE ACCOMPANIED BY A CHECK PAYABLE TO THE AMERICAN HEART ASSOCIATION

**SPECIFY HEART BALL EVENT/COMMITTEE:** \_\_\_\_\_

**DESCRIPTION OF EXPENSE:** \_\_\_\_\_

FOR MY IN-KIND DONATION OF \$10,000 (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 MAIL TO:    AMERICAN HEART ASSOCIATION HEART BALL DIRECTOR 2929 SOUTH 48TH STREET TEMPE, ARIZONA 85282	OR FAX TO:            ATTN: HEART BALL DIRECTOR FAX (602) 414-5355 PHONE (602) 414-5353 <b>WWW.PHOENIXHEARTBALL.ORG</b>
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PLEASE FILL OUT ONE FORM FOR EACH DONOR.    FORM SHOULD BE PRINTED OR TYPED.