

## Sweethearts Program Sponsors

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Dear Parents,

Did you know that cardiovascular diseases and stroke claim the lives of more Americans than the next seven leading causes of death combined? The Sweethearts Program is designed to educate and empower high school sophomore girls while engaging them in the American Heart Association's Mission: *Building healthier lives, free of cardiovascular disease and stroke*. Sweethearts participate in educational programs and activities over the course of the school year while becoming heart advocates. Participants also develop team building concepts, earn volunteer hours, and gain valuable leadership skills.

Sweetheart activities begin in August and culminate in May of 2017 at the Northwest Arkansas Heart Ball, where the Sweethearts are highlighted as valuable volunteers and young women of strength and character. The experience and knowledge received through the Sweethearts Program has an immediate and positive impact on the participants and our community!

### Registration Process Details:

- ♥ Complete the application, agreement, and community recommendations. Return items by mail or email to [Serena.Munns@heart.org](mailto:Serena.Munns@heart.org) along with your deposit to: American Heart Association, 108 East Sunbridge Drive, Fayetteville, AR 72703
- ♥ **The application deadline is Friday, May 20, 2016.**
- ♥ All applications will be reviewed by the Sweethearts Selection Committee.
- ♥ Selection notifications for the Sweethearts Program will be announced late June.  
***If your daughter is accepted in the Program, your fee is non-refundable.***

As you and your daughter consider her participation in the Sweethearts Program, please feel free to contact me with any questions that may arise.

Sincerely,



Serena Munns  
Corporate Market Director

### Enclosures

- 2016-2017 Sweethearts Program Overview and Guidelines
- 2016-2017 Sweethearts Calendar
- 2016-2017 Sweethearts Application
- 2016-2017 Sweethearts Agreement: ***MUST BE SIGNED BY A PARENT OR GUARDIAN RESPONSIBLE FOR PAYMENT***

## PROGRAM OVERVIEW & GUIDELINES

### Mission of the American Heart Association

Build healthier lives, free of cardiovascular diseases and stroke.

### Sweethearts Program Description & Mission

The American Heart Association Sweethearts are high school sophomores who (from August through May) actively participate in a program designed to teach them about heart healthy lifestyles and about the prevention of heart disease through education and volunteerism. Through this program, these young ladies learn that heart disease is the number one killer of Americans. During their tenure as Sweethearts, they learn the mission of the American Heart Association and how to implement those goals on a daily basis.

The mission of the Sweethearts Program is to empower a new generation with lifesaving knowledge while developing a genuine commitment to life-long heart health, community service and leadership. Sweethearts accrue volunteer hours, learn valuable leadership skills and the concepts of team building as well as fundraising to support important research for heart disease and stroke. They are trained in Hands Only CPR and learn other heart health related information. After successfully completing the program, the Sweethearts are presented at the Heart Ball to highlight their achievements throughout the year.

### Application Process

- **Complete the Application, Essay Response and Community Recommendations**
- **Return the agreement signed by parent or guardian and enclose the application deposit**
- **Return all items by mail or email on or before *Friday, May 20, 2016***

### Sweetheart Program Financial Details

<b><i>Sweethearts Financial Commitment</i></b>	<b><i>Amount</i></b>	<b><i>Due Date</i></b>
Application Fee	\$500	<b>Due with application</b>
Sweethearts Program Fee	\$500	<b>September 18, 2016</b>
Sweethearts Program Fee	\$500	<b>January 8, 2017</b>
Sweethearts Program Fee	\$500	<b>April 18, 2017</b>
Online Fundraising Obligation	\$1,000	<b>April 18, 2017</b>
<b>Sweethearts Program Total</b>	<b>\$3,000</b>	

<b><i>Sweethearts Program Value</i></b>	<b><i>Amount</i></b>
Two Sweetheart Program Shirts & Notebook	\$100
Leadership Retreat	\$250
CPR Anytime Training	\$50
Sweethearts Family Celebration (Sweetheart & Guest)	\$75
Sweethearts Keepsake	\$150
Heart Ball Seats (Sweetheart & Two Guests)	\$600
Administrative & Program Costs	\$775
<b>Sweetheart Program Value</b>	<b>\$2,000</b>

## Sweethearts Activities

Sweethearts activities are scheduled beginning August 2016 through May 2017. Sweethearts must attend **8 of the 12** mandatory activities to successfully complete the program along with **25 community service hours** and **\$1,000 in fundraising** for the Heart Ball Open Your Heart Campaign. Mandatory events are listed on the Program Calendar in **blue** and community service hours available are noted per event in **bold**.

## Community Service Hours

Sweethearts will be required to complete **25 hours** of community service for the Sweethearts Program. *Although attendance will be taken at all American Heart Association activities, it is also the Sweetheart's responsibility to track hours volunteered.*

The American Heart Association will provide an opportunity for 40+ available hours through various events and programs listed on the 2016-17 Program Calendar. Additional service hours will be announced via email as they become available throughout the year. Sweethearts can also volunteer at the American Heart Association office when coordinated with staff. All mandatory events and volunteer opportunities have hours associated, which are noted on the Program Calendar.

A final community service log must be completed and submitted to the American Heart Association by **April 18, 2017**. The Sweetheart that completes the most hours will be presented an award at Heart Ball.

## Fundraising Obligation for the Heart Ball Open Your Heart Campaign

Sweethearts are **required** to raise **\$1,000** for the American Heart Association, outside the program fees. A Fundraising Kick Off will be held in the fall that combines a phone-a-thon party and letter writing campaign. Sweethearts will also be supplied with an Online Fundraising Page and additional tools to help reach their fundraising goal.

The deadline to reach the Fundraising Goal is **April 18, 2017**. The Sweetheart with the most successful fundraising campaign will be presented an award at Heart Ball.

## Communication/Reminders for Events

Prior to each Sweethearts activity, both mandatory and voluntary, notices/invitations will be emailed to each member and her parents. **It is the responsibility of each Sweetheart to RSVP for ALL EVENTS.** If a Sweetheart has a conflict with a scheduled activity, you must give the American Heart Association staff at least 24 hours' notice prior to the event.

## Sweethearts Etiquette

Sweetheart candidates should understand that participation in this program means you will be representing the American Heart Association and the Northwest Arkansas Heart Ball Sweethearts Program. We ask that girls be conscious of their appearance and behavior while involved in activities related to being Sweethearts. While attending American Heart Association Sweethearts social and community service/education events, the following guidelines will be adhered to:

- Sweethearts **always RSVP** to all events on time.
- Cell phones are to be turned off during all activities.
- Refrain from chewing gum during speakers' presentations.
- Show speakers/hosts respect by paying attention, listening, and by asking relevant questions.
- Open all email and mail from the American Heart Association promptly and read carefully.
- Stay until the conclusion of all events unless there is an emergency.

### **Northwest Arkansas Heart Ball**

The Northwest Arkansas Heart Ball is the premier social event consisting of dinner, dancing, entertainment and an auction. The event attracts the area's leading corporate executives and community leaders. This event will be for all Sweethearts who have successfully completed the program.

Each Sweetheart member receives three seats to the Heart Ball for herself and two parents/guardians. These three tickets are included in the program cost. Sweethearts can purchase a maximum of six additional seats to attend the Heart Ball for \$200 each. All purchased tickets must be paid for when the order is placed with the American Heart Association. Tickets can be reserved and purchased from *February 17 - March 4, 2017*.

### **Heart Ball Gown Requirements**

The Heart Ball is considered a black-tie social event and attendees consist of corporate executives, area leaders, and business community members. As representatives of the American Heart Association, it is imperative that the Sweetheart's Heart Ball gowns adhere to the guidelines mentioned below.

Sweethearts must wear a gown adhering to the guidelines for the CitiScapes' Sweethearts Photo Shoot in early March of 2017. A different gown may be worn in the photos than at Heart Ball, if preferred.

#### ***Gown Requirements below apply to both the photo shoot and Heart Ball gowns:***

- Color of your choice
- Floor length only (no high-lows)
- No slits
- No full beading
- No cut outs
- No backless
- No spandex
- No high gloves
- No low cut neckline (not below conventional bra line in front or back)

### **Sweethearts Photographs**

A CitiScapes photographer will take individual and group photographs of the Sweethearts in their Heart Ball gowns. Individual portraits will be used for the Heart Ball Program. Group photographs will be used in an article featured in the May 2017 issue of CitiScapes Magazine.

**Photographs will be taken on Saturday, March 4<sup>th</sup>, time to be announced. All Sweethearts are required to attend the photo shoot.** Make up sessions will only be scheduled for Sweethearts who are out of state for school or team reasons.

### **Parent or Guardian Volunteers**

We would be delighted to get interested parents or guardians more involved. There will be volunteer opportunities available throughout the year at many activities and American Heart Association events! Please let us know if you are interested in becoming more involved.

### **Sweethearts Attire**

Sweethearts should dress appropriately for all activities. Bare stomachs should not be visible during the course of any Sweethearts event. Shorts, skirts, and shirts should be of a respectable and reasonable length. Casual attire will be appropriate for the majority of the activities.



## 2016-2017 PROGRAM CALENDAR

\*\*\* **ALL DATES/TIMES SUBJECT TO CHANGE** \*\*\*

### Key

**BLUE = MANDATORY**

**RED = DEADLINES & DUE DATES**

**GREEN = VOLUNTEER OPPORTUNITY**

**August 16**

*Tuesday Night*

**Meet and Greet Event**

Time/Location TBD • **2 Service Hours Available**  
Program Overview and Mission

**August 27-28**

*Overnight Event*

**Leadership Retreat, CPR Anytime Training & Online Fundraising Set-up**

Saturday 9:00 am – Sunday 10:00 am • **4 Service Hours Available**

The overnight part of this event will be held at Mount Sequoyah, Fayetteville.

**September 18**

*Sunday*

**Cath Lab & Northwest Medical Center Tour**

2-4:00 pm at the Bentonville location • **2 Service Hours Available**

**\$500 due for Sweetheart Program Fee (Second Payment)**

**October 16**

*Sunday*

**Healthy Cooking Demonstration**

2-4:00 pm at TBD • **2 Service Hours Available**

**October 29**

*Saturday*

**Vestido Rojo & World Stroke Day**

7:00 am- 2:00 pm at TBD • **7 Service Hours Available**

**November 2**

*Wednesday*

**National Eating Healthy Day**

Take a photo with group at school enjoying a healthy meal or snack & send to AHA Staff Member  
**1 Service Hour Available**

**November 13**

*Sunday*

**Fundraising Kick Off Party!**

2-4:00 pm at the American Heart Association Office • **2 Service Hours Available**

(additional service hours available for extra phone-a-thon names and contact information)

**December 11**

*Sunday*

**Group Service Project & Holiday Party**

2-4:00 pm at TBD • **2 Service Hours Available**

**January 8**

*Sunday*

**VIP Shopping Event & Healthy Nutrition Session**

1-4:00 pm at She Said Yes Bridal & Formal • **2 Service Hours Available**

**\$500 due for Sweetheart Program Fee (Third Payment)**

**January 21**

*Saturday*

**Paint the Town Red Event Set-Up**

9:00 am-1:00 pm at the Fayetteville Town Center • **4 Service Hours Available**

**February 2017**

**NATIONAL HEART MONTH!**

**February 3**

*Friday*

**National Wear Red Day**

Take a photo with group at school wearing red & send to AHA Staff Member  
**1 Service Hour Available**

**February**

*Sunday*

**Go Red For Women Event Goodie Bag Stuffing**

2-4:00 pm at the John Q. Hammons Center • **2 Service Hours Available**

**February**

*Monday*

**Go Red For Women Set-Up\*\***

Anytime from 9:00 am-3:00 pm at the John Q. Hammons Center • **Service Hours Available**

**February**

*Tuesday*

**Go Red For Women Event\*\***

9:00 am-1:00 pm at the John Q. Hammons Center • **Service Hours Available**

**March 4**

*Saturday*

**Professional Photographs for Heart Ball with CitiScapes Magazine**

Time and Location TBD

**Deadline for Heart Ball Seating** (open February 17- March 4)

Send names for 3 tickets, including Sweethearts, and order additional seats if necessary

**April 15**

Saturday

**NWA Heart Walk** (estimated date)

6:00 am – 12:00 pm at Arvest Ballpark • **6 Service Hours Available**

**April 20**

Thursday

**Sweethearts Celebration**

Celebrate completing the program & receive Sweethearts keepsake

5:30 – 7:00 pm at Premier Dermatology

**Deadline for FINAL \$500 Program Fee (Balance must be paid in FULL)**

**Deadline to reach \$1,000 Fundraising Goal**

**Deadline for 25 Hours of Community Service**

**May 12**

Friday

**Northwest Arkansas Heart Ball Event Set Up\*\*** (estimated date)

9:00 am – 4:00pm at the John Q. Hammons Center

**Mandatory Rehearsal: 4:00 pm, Grand Ball Room**

**May 13**

Saturday

**Northwest Arkansas Heart Ball** (estimated date)

5:00 – 11:30 pm

*\*\* Notes activities during school hours. Academics always come first; however, if a Sweetheart is able to miss school to volunteer, a school excuse note can be provided.*

## 2016-2017 PROGRAM CALENDAR OVERVIEW

August 2016							September 2016							October 2016						
Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat
	1	2	3	4	5	6					1	2	3	2	3	4	5	6	7	8
7	8	9	10	11	12	13	4	5	6	7	8	9	10	9	10	11	12	13	14	15
14	15	16	17	18	19	20	11	12	13	14	15	16	17	16	17	18	19	20	21	22
21	22	23	24	25	26	27	18	19	20	21	22	23	24	23	24	25	26	27	28	29
28	29	30	31				25	26	27	28	29	30	1	30	31					
November 2016							December 2016							January 2017						
Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat
		1	2	3	4	5					1	2	3	1	2	3	4	5	6	7
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28
27	28	29	30				25	26	27	28	29	30	31	29	30	31				
February 2017 - HEART MONTH!							March 2017							April 2017						
Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat
			1	2	3	4				1	2	3	4	2	3	4	5	6	7	8
5	6	7	8	9	10	11	5	6	7	8	9	10	11	9	10	11	12	13	14	15
12	13	14	15	16	17	18	12	13	14	15	16	17	18	16	17	18	19	20	21	22
19	20	21	22	23	24	25	19	20	21	22	23	24	25	23	24	25	26	27	28	29
26	27	28					26	27	28	29	30	31	1	30						
May 2017																				
Sun	Mon	Tues	Wed	Thur	Fri	Sat														
	1	2	3	4	5	6														
7	8	9	10	11	12	13														
14	15	16	17	18	19	20														
21	22	23	24	25	26	27														
28	29	30	31																	

**Key**

**BLUE = MANDATORY**

**RED = DEADLINES & DUE DATES**

**GREEN = VOLUNTEER OPPORTUNITY**

**Sweethearts Program  
Application Cover Sheet**

1. Complete application in full using a black or blue ink pen, printing legibly.
2. Attach a wallet size photo, for reference use only.
3. Include agreement signed by parent or guardian & application deposit of \$500.
4. Return all items and paperwork by: **Friday, May 20, 2016**

Sweethearts First Name

Middle Name

Last Name

Mailing Address

City, State, Zip Code

Sweethearts Cell Phone \_\_\_\_\_ Sweethearts Email \_\_\_\_\_  
(Required) (Required)

Birthday \_\_\_\_\_ School Attending \_\_\_\_\_

Wallet Photo Attached (please check box) ☐

Attached Essay Response (please check box) ☐

Community Recommendations 1. \_\_\_\_\_ 2. \_\_\_\_\_

T-Shirt Size ☐ S ☐ M ☐ L ☐ XL

Application Deposit \$500- Check # \_\_\_\_\_ (Made payable to the American Heart Association)

Credit Card Number \_\_\_\_\_ Exp. \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Would you like to keep this credit card on file for future program fees? ☐ Yes ☐ No

**Mailing Address**

**American Heart Association, 108 East Sunbridge Drive, Fayetteville, AR 72703  
Attn: Serena Munns, Corporate Market Director**

**Email [Serena.Munns@heart.org](mailto:Serena.Munns@heart.org) and [Jessica.Cadle@heart.org](mailto:Jessica.Cadle@heart.org)**

**Sweethearts Program  
Application Page 1 of 2**

**Parents' or Guardians' Information – please complete those that apply.**

1) **Primary** Contact Name: \_\_\_\_\_

Relationship to Applicant: ☐ Mom ☐ Dad ☐ Step-Mom ☐ Step-Dad ☐ Other-Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Matching Funds Available: ☐ Yes ☐ No

2) **Secondary** Contact Name: \_\_\_\_\_

Relationship to Applicant: ☐ Mom ☐ Dad ☐ Step-Mom ☐ Step-Dad ☐ Other-Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Matching Funds Available: ☐ Yes ☐ No

3) Name: \_\_\_\_\_

Relationship to Applicant: ☐ Mom ☐ Dad ☐ Step-Mom ☐ Step-Dad ☐ Other-Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Matching Funds Available: ☐ Yes ☐ No

4) Name: \_\_\_\_\_

Relationship to Applicant: ☐ Mom ☐ Dad ☐ Step-Mom ☐ Step-Dad ☐ Other-Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Matching Funds Available: ☐ Yes ☐ No



**Sweethearts Program  
Application Page 2 of 2**

**Essay Response**

**Please respond in an essay format to the following questions, no single sentence responses.**

- Please summarize your main interests and activities, noting those in which you have held leadership positions.
- Indicate any training or experience in public speaking you have had in the past.
- Have you been involved in community service? If so, which organizations did you volunteer with?
- List all extracurricular activities in which you are participating in this upcoming year.
- Will these extracurricular activities hinder, in any way, your participation in the Sweethearts program? (Please look at the calendar of events and make sure the mandatory events can be attended)
- List three adjectives that your friends would use to describe you and why.
- How do you currently exhibit a heart-healthy attitude?
- Has anyone in your family suffered from heart disease? If so, please explain.
- Being a part of the Sweethearts Program is an opportunity for you to further your leadership skills, learn about and participate in community service, and also discover ways for you to live a more healthy life. Are you committed to these sweetheart goals? And why?
- What do you hope to gain from your experience as a Sweetheart?

**SWEETHEARTS APPLICANTS - PLEASE READ AND SIGN**

I realize that being a member of the Sweethearts program places me in a leadership position in my peer group. It is my intention to uphold the honor of representing my community, my family, and the American Heart Association. If chosen to become a Sweetheart, I pledge to refrain from smoking and to exhibit a heart-healthy attitude during my reign. I also pledge to attend **at least 8 of the 12** official Sweethearts activities, including the Heart Ball in May of 2017.

**Witness**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**Applicant**

\_\_\_\_\_  
Potential Sweethearts Signature

\_\_\_\_\_  
Date

You must have **TWO** community recommendations to accompany this application before it will be reviewed. Please take the recommendation sheets to your references and have them return it to you as soon as possible. Then, attach the recommendations to your application before or note that they will be mailed separately when returning application to the American Heart Association's office. Recommendations can also be emailed to [Serena.Munns@heart.org](mailto:Serena.Munns@heart.org) or [Jessica.Cadle@heart.org](mailto:Jessica.Cadle@heart.org). Please be sure they note the potential Sweetheart's full name in the subject line of the email.

American Heart Association • 108 East Sunbridge Drive • Fayetteville, AR • 72703  
Attn: Serena Munns/Sweethearts Program

## Sweethearts Program Community Recommendation

Potential Sweetheart Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dear \_\_\_\_\_,

I am applying to the American Heart Association's Sweethearts Program for the 2016-2017 school year. Should I be selected, I will represent my community, my family and my school. References and community evaluations are an important part of the application process. Please review and answer the statements below to help me complete the application process. Please return this form to me, mail or email it directly to [Serena.Munns@heart.org](mailto:Serena.Munns@heart.org) with my full name in the subject line by **Friday, May 20**. Thank you for your time!

Check all that apply:

- \_\_\_\_\_ Meets individual commitments promptly and responsively.
- \_\_\_\_\_ Demonstrates highest standards of honesty, respect for authority, reliability, fairness, cooperation, tolerance and integrity.
- \_\_\_\_\_ Promotes ethical behavior. Chooses to do the right thing in upholding the principles of morality, honesty and manners.
- \_\_\_\_\_ Demonstrates positive leadership.

Additional comments and insight provided by community members is always welcome. If you would like to provide any additional information about this applicant, please feel free to do so below:

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\_\_\_\_\_  
Signature of Community Member

\_\_\_\_\_  
Applicant Signature

Relationship to applicant: \_\_\_\_\_

## Sweethearts Program Community Recommendation

Potential Sweetheart Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dear \_\_\_\_\_,

I am applying to the American Heart Association's Sweethearts Program for the 2016-2017 school year. Should I be selected, I will represent my community, my family and my school. References and community evaluations are an important part of the application process. Please review and answer the statements below to help me complete the application process. Please return this form to me, mail or email it directly to [Serena.Munns@heart.org](mailto:Serena.Munns@heart.org) with my full name in the subject line by **Friday, May 20**. Thank you for your time!

Check all that apply:

- \_\_\_\_\_ Meets individual commitments promptly and responsively.
- \_\_\_\_\_ Demonstrates highest standards of honesty, respect for authority, reliability, fairness, cooperation, tolerance and integrity.
- \_\_\_\_\_ Promotes ethical behavior. Chooses to do the right thing in upholding the principles of morality, honesty and manners.
- \_\_\_\_\_ Demonstrates positive leadership.

Additional comments and insight provided by community members is always welcome. If you would like to provide any additional information about this applicant, please feel free to do so below:

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\_\_\_\_\_  
Signature of Community Member

\_\_\_\_\_  
Applicant Signature

Relationship to applicant: \_\_\_\_\_

# Affiliate Sponsorship Agreement



Sweetheart Name: \_\_\_\_\_

Sponsor's Contribution Amount: \$2,000.00

In-Kind Goods/Services or Publicity/Media: N/A

AHA Cause and/or Event(s): 2016-2017 Heart Ball Sweethearts Program

Location of AHA Activity/Event(s): Multiple activities & locations

Date(s) of AHA Activity/Event(s): May 2017 - NWA Heart Ball

Term of Agreement: Start: July 1, 2016 End: June 30, 2017

Contribution / Payment Due Date (complete prior to signing): Invoice to be paid according to the schedule below, and not less than 30 days prior to Cause or Event.

Due Date(s):	Amount Payable on Due Date
1. Due with application	\$ 500.00
2. September 18, 2016	\$ 500.00
3. January 8, 2017	\$ 500.00
4. April 18, 2017	\$ 500.00

Please be aware that AHA will not accept payments for your financial commitment under this agreement from a Donor Advised Fund. The IRS provides that payment by a Donor Advised Fund of a donor's legal obligation to another is not allowed.

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

American Heart Association  
Attn: Accounts Receivable  
108 E. Sunbridge Drive  
Fayetteville, AR 72703

These payments do NOT include the additional  
\$1,000 fundraising goal of the  
Sweetheart.

**Purpose:** The purpose of this sponsorship is to benefit the American Heart Association (AHA) and advance its not-for-profit mission of building healthier lives, free from cardiovascular diseases and stroke. Sponsor would like to assist the AHA to carry out its mission and agrees to provide the support outlined above. Sponsor understands that as a not-for-profit charitable organization AHA cannot promote or endorse Sponsor's products or services.

- Sponsor agrees that as a not-for-profit charitable organization, the AHA will be required to disclose its sources of funding, including Sponsor's funding or other resources provided under this Agreement.
- No rights to use AHA servicemarks are granted in this Agreement.
- In appreciation of Sponsor's support, AHA will recognize Sponsor's donation in the appropriate Cause or Event related materials. Sponsor grants permission to AHA to display Sponsor's name and trademark (Sponsor Marks) for the Term of this Agreement, with Sponsor's prior review and approval. (See details of Sponsor recognition and benefits on the attached form).
- Sponsor 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. Sponsor will be responsible for securing any necessary release forms from participants in any Sponsor activity held at AHA's Cause or Event activity.

## Parent/ Guardian Contact Information

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

## Parent/ Guardian Billing Information (if different)

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

**\*\*\*Must be signed by Parent or guardian authorized to make this financial commitment.\*\*\***

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

**Thank you for your support of the American Heart Association**

## FOR AHA USE ONLY:

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

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