Please mail or fax this form to:

2906 Springhill Lane Champaign, IL 61822 Fax: 217.398.1556

American Heart Association TION DONOR AGREEMENT FORM



To guarantee printing of item description in the event program, auction donor agreement is due two weeks before the event.

☐ Yes we would like to donate an item/service to the AHA	☐ We regret that we are unable to donate an item, but we would like to make a contribution of \$
Donor Information: (If there are multiple donors, please include names of all donors that you would like listed in the program)	
Donor:	
Contact Person:	List our business in the event program.
Address:	Please send me an invitation.
City, State, Zip:	
Phone: E-mail:	I would like to volunteer. Please contact me.
Item Information:	
Item(s) or Service:	
We reserve the right to package items.	
Detailed Item/Service Description (Optional) - Item described here will appear in program as written here.	
Donor's Estimated Value of Item: \$	
Restrictions/Expiration of Item/Service:	
If Donation is a Gift Certificate: ☐ Gift Certificate Enclosed ☐ Please Have AHA Prepare Gift Certificate	
Delivery Information: (Item needs to be received no later than 10 days before the event.) Please have AHA Volunteer Pick Up Item	
Donor to Deliver to Does Item Accompanies Donation Form If yes	Item Have Display Material? Yes No, will the material need to be returned?
I/we agree to donate the item or service named herein for the American Heart Association's annual fund-raising event scheduled in 2012 in Champaign, Illinois.	
Donor Signature:	Date:
Thank You for Your Support!	
TO BE COMPLETED BY AHA STAFF/VOLUNTEERS	
☐ Item Received Date: By:	
DONOR <u>DID NOT</u> RECEIVE GOODS OR SERVICES . No goods or services were provided in consideration of this gift.	