

2010 LAWYERS HAVE HEART 10K RUN & FUN WALK EVENT PARTNERSHIP AGREEMENT

Firm/Company Name (as you would like it to appear): _____

Sponsorship Contribution Amount: _____

Event: Lawyers Have Heart 10K Run and Fun Walk

Location of Event: The Washington Harbour at Georgetown

Date of Event: June 12, 2010

Contribution to be fully received by event date unless specified otherwise:

MAA Finance Department will invoice 30 days prior to due date.

Fax Completed Form To:
703.248.1795 OR 703.248.1796
Attn: Kelly McAuley

Please send payment to

American Heart Association
4217 Park Place Court
Glen Allen, VA 23060
Attn: Lawyers Have Heart



Purpose: The purpose of the Event is to benefit the American Heart Association ("AHA") and advance its non-profit mission of fighting heart disease and stroke. The purpose of the Event is not to endorse or promote any product or service of Sponsor or of any third party.

- Check should be made payable to the American Heart Association. Please make a note on your payment that it is for Lawyers Have Heart.
- All printed materials that include an American Heart Association logo must go through the American Heart Association's approval process prior to print.
- The entire liability of the AHA, and sponsors exclusive remedy for damages from any cause related to or arising out of this Agreement, will not exceed a refund of monies actually paid to the AHA by sponsor and not yet expended by the AHA.

Contact Name _____ **Title** _____

Contact Telephone _____ **Email** _____

Billing Information:

Company _____ **Attention** _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____

Email for Billing Inquiries _____

Signature _____ **Date** _____

My signature indicates authorization to make this commitment on behalf of my company

Thank you for your support of the American Heart Association where our mission is building healthier lives, free of cardiovascular disease and stroke.

For AHA Use			
Check Revenue Type: <input type="checkbox"/> 4605 Participant <input type="checkbox"/> 4615 Corp Sponsorship <input type="checkbox"/> 4625 Auction <input type="checkbox"/> 4605.LEARN Special Appeal <input type="checkbox"/> 4635 Other			
Staff Name _____	Staff Signature _____	Date _____	
VP Name _____	VP Signature* _____	Date _____	
Finance Approval _____	Fiscal Year _____	Date _____	
*VP signature indicates confirmation of pledge through direct contact with donor			