

Return completed form to:
104 Corporate Lake Drive
Columbia, MO 65203
E-mail: ron.graves@heart.org
Fax: 573.445.6243



DONATION AGREEMENT AND RECEIPT OF CHARITABLE DONATION

Donation Agreement

Yes, I/we would like to donate item(s) to the AHA
Go Red for Women fundraising campaign.

I/we would instead prefer to make a monetary
contribution of \$_____.

Donor Information

(For multiple donors, please include names of all donors that you would like to have recognized.)

Donor(s):

I wish to remain anonymous. Please do not list
my name/business in the event program.

Please send an event invitation to me.

Contact Person:

I would like to volunteer: Please contact me.

Address:

City, State, Zip:

Phone:

E-mail:

Item Information

(AHA reserves the right to package items. For gift certificates, please date (mm/dd/yyyy) and allow a minimum of 6-12 months for redemption.)

Item(s) or Service:

Detailed Item/Service Description (optional):

Restrictions/Expiration of Item/Service:

If Donation is a Gift Certificate: Gift Certificate Enclosed Please have AHA prepare a Certificate on my behalf.

Donor's Estimated Fair Market Value of Item(s): \$_____

Delivery Information

Please have an AHA volunteer pick up item(s)

Donor to deliver to AHA office

Does item have display material? Yes No

Item accompanies donation agreement

If yes, 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 fundraising event, Go Red for Women, on 09/25/2015.

Donor Signature:

Date:

Thank You for Your Support!

TO BE COMPLETED BY AHA STAFF/VOLUNTEERS

Item Received Date:

By:

AHA Staff/Go Red for Women Volunteer

DONOR DID NOT RECEIVE GOODS OR SERVICES: No goods or services were provided in consideration of this gift.

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This letter may serve as a receipt of charitable contribution as defined by IRS Publication 1771. Federal ID 13-5613797