

kate.cuellar@heart.org.

Quad Cities Circle of Red Membership Form

	Organization			
RO	Phone			
	Address			
/		State	Zip	
ail Address				
ing Options (Select C	<u>One)</u>			
_ Please bill me for (Select an option)			
Option A	: One (1) \$500 payment due	by December 1.		
Option B	: Five (5) \$100 payments due	December 1-April 1.		
Option C	program, or I am interested	e funds for my membership, m I in other payment options. (A r act you regarding payment opti	epresentative from	
_ I have enclosed \$5	00 (cash or check)			
_ Please charge \$500	0 to my credit card			
MasterCard	d Visa			
Credit Card #			Exp. Date	CVC Code
Signature				
	net, etc.? Images will no lon	romoting the Circle of Red in ger appear in the luncheon p		
Yes, I gran	t the Circle of Red permission	n to use my name, image and/o	or likeness	
No, thank y	ou.			
lf var agree ale	ass sand a high recolution di	gital headshot photo of yoursel	f to Kato Cuellar	

Why do you Go Red for Women®?* (optional)				
What action will you take or have you taken to spread the word about heart health?* (optional)				
*by providing this information, you are giving the Circle of Red permission to use your responses in their promotional efforts which could include (but is not limited to) use in promotional materials, various media outlets, the internet, and on the large screen during the luncheon.				
Join the Go Red for Women® Movement				
Yes, I would like to join the Go Red for Women movement! By joining the movement, I become part of the fight against heart disease, the No. 1 killer of women in America. Members will receive periodic updates or Go Red and a free red dress pin.				
No, thank you.				

Please send the completed form to: American Heart Association 4885 Utica Ridge Road Davenport, IA 52807

