



2025 Shop With Heart Card
Highlight Your Business
Friday, April 25 - Sunday, May 4, 2025



Store Information: (Please complete an agreement for each store location)

Local Store Name (as it will appear in printed materials): _____

Address (as it will appear in printed materials): _____

City: _____ Zip: _____

Website: _____

Billing Contact Name/Title: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Yes, Highlight My Business! I would like to Highlight my Business at the following level:
 _____ \$300 _____ \$500 _____ \$1,000

___ Check enclosed made payable to American Heart Association

___ Charge my Credit Card Below:

Card Number: _____ - _____ - _____ - _____ Expiration Date: _____

Name on Card: _____ Security Code: _____ Billing Zip Code _____

I hereby request and authorize American Heart Association, Inc., to charge my credit card for the amount due as stated on this agreement.

Signature of Cardholder X _____



Please contact Charlotte Selvera, Development Director – Shop With Heart Card, with any questions:

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