



Hearing Loss Association of America's
2015 Walk4Hearing and Alliance Group Agreement

Name of Alliance Group: _____ Walk4Hearing Location: _____

A Walk4Hearing alliance group represents a 501(c)(3) non-profit organizations or educational institutions such as a school, hospital, hearing health-care-related group or house of worship that teams up with the Hearing Loss Association of America (HLAA) to raise money by participating in the Walk4Hearing. The purpose of a Walk4Hearing alliance agreement with HLAA is to bring local community groups and organizations together to raise money for, and support the cause of, the Walk4Hearing. The alliance arrangement is a revenue sharing plan that gives other hearing-loss-related groups a financial incentive to join the Walk4Hearing. The alliance group benefits by retaining a portion of the total amount of money raised by their team(s).

The gross cash proceeds of a local Walk are distributed as follows: 50% to HLAA, 10% to the local Walk4Hearing site (to cover local Walk4Hearing costs), and 40% to the alliance groups (depending on each team captain's alliance selection).

HLAA uses its share of gross cash proceeds to support its work in behalf of people with hearing loss and to provide funding support for the Walk4Hearing including: Walk marketing materials distributed to every Walk site (folders, brochures, posters, etc.), t-shirts for every walker who raises \$100 or more, production and maintenance of the website (www.walk4hearing.org), online donation facility to accept credit card donations, production of promotional materials (press releases, media pieces and the like), support and guidance for walk site volunteers by two full-time staff persons.

The portion of money retained by the alliance group must be used for programs and/or services benefiting people with hearing loss.

Please provide us with some ideas or plans of how the portion of the Walk4Hearing funds will be used:

Three horizontal lines for providing ideas or plans for fund usage.

I have read, understand and agree to the procedure outlined above.

Print Name of Alliance Group Representative Signature Date

Print Name of HLAA Local Walk Chair Signature Date

Make Alliance proceeds check payable to: _____

Alliance Group's Employer Identification Number (EIN): _____

Mail check to: Name _____ Address: _____

City: _____ State: _____ Zip Code: _____

Contact E-mail / Phone: _____

