



**American  
Heart  
Association.**

**44th Annual American Heart Association Beach Ride**

**November 5-9, 2025**

*Lakewood Camping Resort Myrtle Beach, SC*

*Program Acknowledgments purchased will be displayed in  
our Beach Ride Event Program handed to all attendees.*

**Program Acknowledgement Rates**

<b>TYPE</b>	<b>PRICE</b>	<b>QTY</b>	<b>TOTAL</b>
Full Page Acknowledgement <i>Size: 8.5x5.5</i>	\$500		
Half Page Acknowledgement <i>Size: 4.25x5.5</i>	\$375		
Quarter Page Acknowledgement <i>Size: 4.25x2.75</i>	\$250		
Business Card Acknowledgement	\$100		
<b>Total</b>			

**Deadline: October 22, 2025**

***Please mail this form, acknowledgement and payments to:***

***American Heart Association- Beach Ride***

***887 Johnnie Dodds Blvd., Ste. 100***

***Mt. Pleasant, SC 29464***

***Forms and acknowledgement graphics may also be emailed to [MyrtleBeachSC@heart.org](mailto:MyrtleBeachSC@heart.org)***

***All checks must be made payable to the American Heart Association.***

***Rider's Name: \_\_\_\_\_ (Please give credit to this rider)***

***Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_***

***Mailing Address: \_\_\_\_\_***

***City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_***

***Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_***

***I would like to make my donation via Credit Card***

***CC #: \_\_\_\_\_ CV Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_***

***or call me at: \_\_\_\_\_***