



# MARKETPLACE SPONSORSHIP AGREEMENT

*thank you in advance*

for your philanthropic support to benefit the safety and well-being of children and teenagers in Northeast Georgia.

Natalie Challen, Brittini Curtis and Ashley Sliger | Marketplace 2022 Chairs

### Donor Information:

Company/Individual Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Executive Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Administrative Contact: (For payment, logos, etc.)

Name \_\_\_\_\_ Email \_\_\_\_\_

### Sponsorship Level:

Please indicate years of commitment at this level per year:

2022 or  2022-2023

Platinum Premier Sponsorship - \$10,000

Platinum Sponsorship - \$7,500

Silver Sponsorship - \$2,500  Gold Sponsorship - \$5,000

Bronze Sponsorship - \$1,000  Patron Sponsorship - \$500

### Sponsorship Payment Options:

Forward an invoice for the sponsorship level indicated

Payment is enclosed (payable to Marketplace)

Charge the following credit card:

Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Executive Signature / Date

Return Sponsorship Agreement to:

Northeast Georgia Health System Auxiliary | 743 Spring Street | Gainesville, Georgia 30501

Phone 770-219-1830 | Fax 770-219-5408 | Email: auxiliary@nghs.com

Presented in partnership:



Northeast Georgia Health System  
AUXILIARY



WILLIS INVESTMENT COUNSEL  
Principled Investing



Benefitting Safe Kids Northeast Georgia, led by Northeast Georgia Medical Center

Ramsey Conference Center | Lanier Technical College Gainesville Campus

November 10, 2022 - Preview Party | November 11 and 12, 2022 - General Admission Shopping

**Community health and safety is the highest priority for Northeast Georgia Health System (NGHS) and the NGHS Auxiliary. Sponsor understands and agrees that attendees to the Marketplace event, including Sponsor and its guests, must comply with any health and safety criteria or requirements as may be specified by the Facility or Sponsor; as may be recommended by local, state, or federal public health or regulatory agencies; or as otherwise required by local, state, or federal law, rule, regulation, or order. These precautions will be communicated to you as they become available.**

### Northeast Georgia Health System Auxiliary:

Representative Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_