



MARKETPLACE SPONSORSHIP AGREEMENT

thank you

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 2023 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:

☐ 2023 ☐ 2023/24

☐ Platinum Premier Sponsorship - \$10,000

☐ Gold Sponsorship - \$5,000

☐ Silver Sponsorship - \$1,500

☐ 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 by:



WILLIS INVESTMENT COUNSEL

Principled Investing

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

Ramsey Conference Center | Lanier Technical College Gainesville Campus

November 2, 2023 - Preview Party | November 3 and 4, 2023 - General Admission Shopping



Community health and safety is the highest priority for Northeast Georgia Health System and the NGHS Auxiliary. Sponsor understands and agrees that all attendees to the Marketplace event, including Sponsors and its guests, must comply with any health and safety criteria or requirements as may be specified by Northeast Georgia Health System, NGHS Auxiliary, or the facility hosting the Marketplace event; 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 _____