

Sponsor Agreement

Community Baby Shower Event

This Sponsorship Agreement ("Agreement") is entered into as of [Date], by and between:

Nonprofit Organization:

Columbia Health Services
PO BOX 995, St Helens, OR 97051
1-800-244-4870
Contact person: Rachel Krager (rkrager@columbia-health.org)
("Host Organization")

and

Sponsor:

Name of Sponsor Company or Individual: Columbia County Public Health
Full Address: 230 Strand, St. Helens, Oregon 97051
Phone Number: 503-397-7247
Email Address: Jaime.Aanensen@columbiacountyor.gov
("Sponsor")

1. Event Description

Host Organization will host a **Community Baby Shower** on Friday, August 22, 2025 at [Location TBD]. This event aims to support underserved and expecting families by providing essential baby items, educational resources, and a supportive community experience.

2. Sponsorship Details

Sponsor agrees to contribute the following to support the event:

- ☐ Supporter: \$100
- ☐ Hero: \$500
- ☒ Champion: \$1,000
- ☐ In-Kind Donation:
 - ☐ Description: _____
 - ☐ Fair Market Value: _____

In return, the Host Organization agrees to provide the following sponsor benefits:

- ☐ Supporter: Mention in the event program.
 - ☐ Hero: 1/4 page image in the event program, recognition on social media and event posters.
 - ☒ Champion: Full page in the event program, recognition on social media and event posters.
 - ☐ In-Kind Donation: Mention in the event program.
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3. Term

This Agreement is effective upon the date first written above and will remain in effect until completion of the Event and delivery of all sponsor benefits.

4. Tax-Exempt Status

The Host Organization is a registered 501(c)(3) nonprofit. Sponsor acknowledges that any monetary or in-kind contribution may be tax-deductible to the extent allowed by law. A donation receipt will be provided upon request.

5. Use of Trademarks

Sponsor grants the Host Organization permission to use its name and logo in promotional materials related to the Event. Similarly, Sponsor may use the Host Organization's name/logo in materials that acknowledge the sponsorship.

6. Cancellation

If the event is canceled due to unforeseen circumstances, the Host Organization will notify Sponsor and work in good faith to offer alternative recognition or reschedule the event.

7. Entire Agreement

This Agreement represents the entire understanding between the parties and supersedes all prior discussions or agreements. Any changes must be made in writing and signed by both parties.

8. Signatures

Host Organization Representative

Signature: _____

Name: _____

Title: _____

Date: _____

Sponsor Representative

Signature: _____

Name: _____

Title: _____

Date: _____