

VENDOR/DONOR AGREEMENT

Agreement made this _____ day of August, 2018 between Middle Georgia Community Food Bank (hereinafter referred to as "BENEFACTOR") and _____ (hereinafter referred to as "VENDOR/DONOR") & N-Vision Marketing Inc (hereinafter referred to as "CONTRACTOR"). All terms are mutually agreed upon between parties as follows:

The CONTRACTOR agrees to engage potential VENDORS/DONORS on behalf of the BENEFACTOR to serve as authorized representative and negotiator between two said parties for the engagement hereinafter described below, upon all the terms and conditions herein set forth.

1. VENUE Anderson Conference Center 5171 Eisenhower Pkwy, Macon, GA 31206
2. DATE OF ENGAGEMENT Saturday, September 22, 2018
3. HOURS OF ENGAGEMENT 11:30am-6:00pm
4. EVENT 1st Annual Middle Georgia Community Food Bank Chefs & Spirits Extravaganza hosted by Celebrity TV Chef Jernard Wells aka "The Family Chef"
5. DISCRIPTION A family friendly event where patrons will enjoy delicious foods from notable restaurants, catering companies and aspiring chefs from the Macon area as well as sample spirits from various spirits vendors. Chefs will also compete for a Golden Ticket to compete at the 2018 World Food Championships. All proceeds go to MGCFB
6. VENDOR/DONOR: Check appropriate level you wish to participate
\$ Restaurant or Non-Food Vendor - (M) - \$500 – 2 VIP Tickets/5 GA Tickets
\$ Hunger Advocate – (M) - \$250 – 1 VIP Tickets & mention in program

*M = denotes multiple opportunities

7. All monetary payments are tax-deductible and shall be made in the form of either certified check or money order made payable to: **Middle Georgia Community Food Bank**. Tax ID# 58-2484086
8. All parties interested in sponsoring should contact CONTRACTOR for a detailed sponsorship presentation at CScott@NVisionMarketinginc.com

Middle Georgia Community Food Bank is a 501 (c) 3 not-for-profit organization, which has been dedicated to servicing food insecure communities in 24 counties throughout Middle Georgia since 1981 with their partners and various programs.

_____ Name of VENDOR/DONOR	_____ N-Vision Marketing Inc. Name of CONTRACTOR
X _____ Signature of authorized representative of VENDOR/DONOR	X <u>Carlos Scott</u> Signature of authorized representative

Return all signed copies to responsible agent: **N-Vision Marketing Inc**

The above signatures confirm that the parties have read and approve all of the terms of this agreement. Please signed copy and email back to CScott@NVisionMarketinginc.com

ALL SPONSORSHIP SHOULD BE CONFIRMED AND SIGNED BY NLT AUG 17, 2018