



MEDC

INVESTOR FORM

Name of Business: _____

Street Address: _____

City: _____, IL., Zip: _____

Phone: _____ Fax: _____

E-Mail: _____ Web site: _____

Contact Person: _____ Title: _____

Description of Product or Service (To be listed on MEDC Website): _____

If you are interested in joining as an Executive Partner and would like your logo included on the MEDC Website, please email a copy of your logo file to: medc@montgomery-illinois.org

Investor Payment

Executive Partner \$5,000 and up * Corporate Partner \$2,500-\$4,999 *
Development Partner \$1,500-\$2,499 * Growth Partner \$750-\$1,499 * Retention Partner \$500-\$749 *
Sustaining Partner \$250-\$499

Amount Enclosed: _____

Signature: _____ Date: _____

Make check payable to Montgomery Economic Development Corporation and mail to:
200 Webster Street, Montgomery, IL 60538. If you have any questions, please call (630) 897-6748.
Credit Cards are accepted; please call MEDC office for details.