

Business Membership Application

Company Name	 		
Street Address	 		
City	 State	ZIP	

Who is the best point of contact to receive PDP membership updates and distribute benefits information to your Downtown employees?

Contact Name		
Title	Department	
Direct Phone	Email	
Company Address		
City	State	Zip
Is this person also responsible for billing?		
□ Yes		
□ No - If no, please complete the following:		
Billing Contact Name		
Title	Department	
Direct Phone	Email	
Company Address		
City	State	Zip

What are your top three concerns for Downtown Pittsburgh?

1.		
2.		
<u>3</u> .		

Membership Levels:	🔲 Renaissance Leader - \$10,000		vntown Visionary - \$5,000	
	Downtown Champion - \$2,500		vntown Patron - \$1,000	
	Downtown Advocate - \$500			
METHOD OF PAYMENT	ī:			
Credit Card: Please cor	nplete all fields below and scan and en	nail to <u>lfairbrother@c</u>	lowntownpittsburgh.com.	
	Iholder Name:		Phone Number:	
Cardholder Name:		Phone Nu	ımber:	
Card Number:		CVC:	_ Expiration Date:	
Card Number: Credit Card Billing Stree		CVC:	_ Expiration Date:	
Card Number: Credit Card Billing Stree City	et Address:	CVC: State	_ Expiration Date:	

<u>Check</u>: Please make payable to:

Pittsburgh Downtown Partnership ATTN: Membership 925 Liberty Avenue, 4th floor Pittsburgh, PA 15222

Thank you for supporting the Pittsburgh Downtown Partnership!