



PITTSBURGH
DOWNTOWN
PARTNERSHIP

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. _____

3. _____

- Membership Levels:**
- Renaissance Leader - \$10,000
 - Downtown Visionary - \$5,000
 - Downtown Champion - \$2,500
 - Downtown Patron - \$1,000
 - Downtown Advocate - \$500

METHOD OF PAYMENT:

Credit Card: Please complete all fields below and scan and email to lfairbrother@downtownpittsburgh.com.

Cardholder Name: _____ Phone Number: _____

Card Number: _____ CVC: _____ Expiration Date: _____

Credit Card Billing Street Address: _____

City _____ State _____ ZIP _____

Signature: _____ Date _____

Check: 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!