

## **Investment Pledge**

Number of years in business: Number of: Full-time employees: Part-time employees:  Investment Levels	Company Name:				
Mailing Address:	Main Contact:	Tit	tle:		
Physical Address:					
About Your Business Number of years in business: Number of: Full-time employees: Part-time employees: Part-time employees: Number of: Full-time employees: Part-time employees: Pa	Mailing Address:				
About Your Business  Number of years in business: Number of: Full-time employees: Part-time employees: Part-time employees: Number of: Full-time employees: Part-time employees	Physical Address:			<u></u>	
Number of years in business: Number of: Full-time employees: Part-time employees:	Telephone:	Fax:	Website:		
Investment Levels  Commitment Time Period:  1 Year 2 Years 3 Years  I want to support the Baraga County EDC with my donation in the amount of:  \$\frac{1}{2}\$\$ \$10,000 \$\frac{1}{2}\$\$,000 \$\frac{1}{2}\$\$,000 \$\frac{1}{2}\$\$ \$500 \$\frac{1}{2}\$\$\$ \$250 \$\frac{1}{2}\$\$ Other \$\$\$	About Your Business				
Commitment Time Period:  1 Year 2 Years 3 Years  I want to support the Baraga County EDC with my donation in the amount of:  \$\frac{1}{2}\$	Number of years in business:	Number of: Full-time e	employees: Part-time employees:		
□ 1 Year □ 2 Years □ 3 Years    want to support the Baraga County EDC with my donation in the amount of:  □ \$10,000 □ \$5,000 □ \$1,000 □ \$500 □ \$250 □ Other \$    Your donation may be tax deductible under our 501c3 fund agreement. Would you like to make a donation under this fund agreement?  □ Yes □ No    Commitment for:   Investment Amount:\$  Total Payment: \$ Payment method: ○ Cash ○ Check ○ Credit Card ○ Invoice   Name on Card:	Investment Levels				
want to support the Baraga County EDC with my donation in the amount of:  \$\Bigsquare{\text{support}} \\$10,000 \Bigsquare{\text{support}} \\$1,000 \Bigsquare{\text{support}} \\$5,000 \Bigsquare{\text{support}} \\$1,000 \Bigsquare	Commitment Time Period:				
\$10,000  \$5,000  \$1,000  \$500  \$250  Other \$	□1 Year □2 Years □3 Y	ears ears			
Your donation may be tax deductible under our 501c3 fund agreement. Would you like to make a donation under this fund agreement?  □ Yes □ No  Commitment for: Investment Amount:\$  Total Payment: \$ Payment method: ○ Cash ○ Check ○ Credit Card ○ Invoice  Name on Card: Expiration Date:  Account Number: 3-digit code:  Signature: Date:  *Please make checks payable to BCEDC. If making a tax deductible donation please make payments to LSCP Foundation.  Help Us Serve You Better	I want to support the Baraga Cou	unty EDC with my donation in t	the amount of:		
fund agreement?  ☐ Yes ☐ No  Commitment for: Investment Amount:\$  Total Payment: \$ Payment method: ○ Cash ○ Check ○ Credit Card ○ Invoice  Name on Card: Expiration Date:  Account Number: 3-digit code:  Signature: Date:  *Please make checks payable to BCEDC. If making a tax deductible donation please make payments to LSCP Foundation.  Help Us Serve You Better	<b>□</b> \$10,000 <b>□</b> \$5,000 <b>□</b>	\$1,000 🗆 \$500 🗆 \$2	250		
Total Payment: \$ Payment method: O Cash O Check O Credit Card O Invoice  Name on Card: Expiration Date: Account Number: 3-digit code: Signature: Date:  *Please make checks payable to BCEDC. If making a tax deductible donation please make payments to LSCP Foundation.  Help Us Serve You Better	☐ Yes ☐ No				
Name on Card: Expiration Date: Account Number: 3-digit code: Date: Please make checks payable to BCEDC. If making a tax deductible donation please make payments to LSCP Foundation.  Help Us Serve You Better	Commitment for:	Investm	nent Amount:\$		
Account Number: 3-digit code: Signature: Date:  *Please make checks payable to BCEDC. If making a tax deductible donation please make payments to LSCP Foundation.  Help Us Serve You Better		•			
*Please make checks payable to BCEDC . If making a tax deductible donation please make payments to LSCP Foundation.  Help Us Serve You Better	Account Number:	3-digit	code:		
	*Please make checks payable t			LSCP Founda-	
What do you expect from your BCEDC Investment? Would you like to be more involved in the BCEDC activities?	Help Us Serve You Better				
	What do you expect from your BCEI	OC Investment? Would you like to	be more involved in the BCEDC activities?		



## **Investment Pledge**

## **Keep Your Company Informed**

Please add key people from your	company to our distribution li	st
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2. NameEmail					
3. NameEmail					
4. NameEmail					
5. NameEmail					
All above are interested in receiving email poration.	communications from the Baraga County	Economic Development Cor-			
Your completed application can be emailed to Mary Myers at mary@baragacounty.org or mailed to BCEDC, PO Box 122, L'Anse, MI 49946.					
FOR BCEDC USE ONLY Account executive: oined:	Entered by:	Date			