



ANNUAL LEAVENWORTH MAIN STREET INVESTOR FORM

Date: _____

Business Name **(exactly how you want it posted)**: _____

Person of Contact: _____ Phone# _____

Email for Invoicing: _____

Email for Main Street Notifications: _____

Address of Business Location: _____

Business Phone# _____

Address for Invoicing **(if different than location)**: _____

Website and/or Facebook: _____

Participate in Main Street Bucks: Yes No

Membership Tier Chosen: _____ Payment Information: _____