2024 INVESTOR & EVENT SPONSORSHIP FORM



	I would like to invest generally in t I would like to sponsor a specific T I would like to invest in both.) .	Regional Pa	artnersni				
Please	e select all that apply:							
0000	This is a three year commitment to help Thrive achieve optimal organizational sustainability. I am a new investor. Please renew and <i>increase</i> my support to a new level marked below. Please renew my previous investment amount.							
Please	e circle the investor designation tha	t applies: PERSON	IAL, COMPAN	<u>IY</u> , or <u>GO</u>	VERNME	<u>ENT</u>		
Please	e select the investor level per year, s	specific investment	amount, and	frequenc	y:			
	PILLAR \$100,000+/yr	(Amt/yr \$	Year(s):	_ 2023	2024	2025)		
	STEWARD \$50,000+/yr	(Amt/yr \$	Year(s):	_ 2023	2024	2025)		
	CATALYST \$25,000+/yr	(Amt/yr \$	Year(s):	_ 2023	2024	2025)		
	CULTIVATOR \$10,000+/yr	(Amt/yr \$	Year(s):	_ 2023	2024	2025)		
	PARTNER \$1,000+/yr	(Amt/yr \$	Year(s):	_ 2023	2024	2025)		
	SUPPORTER \$25+yr	(Amt/yr \$	Year(s):	_ 2023	2024	2025)		
-	onsor a specific program or event pl below:	ease select from th	ne initiatives a	nd spons	orship le	vels		
	n Sponsors provide \$2,500 to support of Sponsors provide \$10,000 to support <i>all</i>	_				ear.		
	FREIGHT MOBILITY COALITION	Session Spo	onsorship or	Serie	s Sponsor	ship		
	NATURAL TREASURES ALLIANCE	Session Spo						
<u> </u>	REGIONAL BROADBAND ALLIANCE	Session Spo	•		•	•		
	RESILIENT COMMUNITIES	Session Spo	onsorship or	Serie	s Sponsor	ship		
Event	sponsorships are available for the follow	ring collaborative, mu	lti-sector events	:				
	THRIVE TRI-STATE SUMMIT (November 13-14, 2024) Interested in learning more about sponsorship opportunities							
	FREIGHT FORUM (August 20, 2024)							
	Interested in learning more about sponsorship opportunities							
	NATURAL TREASURES FORUM (Date TBD)							
	Interested in learning more about sponsorship opportunities							

Business support for Thrive Regional Partnership, Inc. may be characterized as a deductible ordinary and necessary business expense pursuant to IRC Sec. 162. Always consult your tax advisor for specific reporting requirements.

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CONTACT & PAYMENT INFORMATION

FULL NAME:				
ORGANIZATION:				
Please label invoice as:				
MEMBERSHIP DUES	DONATION	INVESTMENT	SPONSORSHIP	
Please process payment via:	CHECK or	_ ACH		
AMOUNT \$	MONTH(S)/YE	AR(S):	CHECK ENCLOSED	
ADDRESS:				
EMAIL:	PHONE:			
BILLING CONTACT NAME: (If differen	t from above):			
POSITION/TITLE:				
BILLING CONTACT EMAIL: If differen	t from above)			
Please select recognition prefere	ences below:			
All investors and event sponsors will l materials unless a request for anonyn	_	_		
Recognize: The Name	e of My Organizatio	n My Person	al Name	
Remain Anonymous:Yes	No			
To support Thrive Regional Partnersh	ip, I hereby authori	ze a support pledge	as noted on this form.	
SIGNATURE:		DATE: _		

Please return this form to Thrive Regional Partnership via mail at 832 Georgia Ave, Suite 420, Chattanooga, TN 37402, or by email to <u>accounting@thriveregion.org</u>, including a digital company logo if applicable.