



## GROWTH PARTNERSHIP FOR ASHTABULA COUNTY

### Investor Application

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization/Company Name: \_\_\_\_\_

Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

#### COMPANY INFORMATION

Primary Product or Service of the Company: \_\_\_\_\_

Company Structure (check one):

Corporation \_\_\_ Partnership: \_\_\_ Sole Proprietor: \_\_\_ Individual: \_\_\_

Twitter: \_\_\_\_\_ LinkedIn: \_\_\_\_\_

Please let us know if you were referred by someone: \_\_\_\_\_

#### ANNUAL INVESTMENT LEVELS (please check one):

Platinum (\$10,000 or greater): \_\_\_\_\_

Gold (\$5000): \_\_\_\_\_

Silver (\$2500): \_\_\_\_\_

Bronze (\$1000): \_\_\_\_\_

Friend (Less than \$1000): \_\_\_\_\_

#### AUTHORIZING SIGNATURE

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Name	Title	Date
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Please mail application and make your check payable to:

Growth Partnership for Ashtabula County  
35 West Jefferson Street  
Jefferson, OH 44047

Questions? Please call us at 440.576.9126 or email us at [gp@ashtabulagrowth.com](mailto:gp@ashtabulagrowth.com)