

# Friends of Brainerd Main Street Registration Form

**Yes! I would like to be a “Friend of Brainerd Main Street”**

Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Email: \_\_\_\_\_

## Friendship Levels

**\$1,000 Growing**

- Recognized on the back of three issues of the Main Street Newsletter
- Recognized at Special Dinner/Event
- Sent donor plaque
- Recognition on DowntownBrainerd.com

**\$500 Building**

- Recognized on the back of one issue of the Main Street Newsletter
- Sent donor certificate
- Recognition on DowntownBrainerd.com

**\$250 Nourishing**

- Sent donor certificate
- Recognition on DowntownBrainerd.com

**\$150 Sustaining**

- Sent donor certificate
- Recognition on DowntownBrainerd.com

**Other**

- Recognition on DowntownBrainerd.com

## Payment Information

Amount: \$ \_\_\_\_\_  
Check # \_\_\_\_\_ (Please make check payable to the Brainerd Lakes Chamber)  
Credit Card: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard  
Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3-digit Sec # \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Address of Credit Card: \_\_\_\_\_  
Signature: \_\_\_\_\_

*You may fax your form to (218) 829-8199 Attn: Amanda*

*Make checks payable and mail this agreement to:*

Brainerd Lakes Chamber  
Attn: Amanda Larson  
P.O. Box 356, Brainerd, MN 56401