



Investor Partnership Commitment Form

Investor Information

Company Name _____

Primary Contact _____

Email Address _____

Address _____

City, State, Zip _____

I authorize an annual pledge of \$_____ to MEDCO to support their mission to the community and region. I recognize the value of MEDCO and their work to create an exceptional business environment for companies to compete and thrive. I am proud to be an annual financial partner.

Our annual payments will be made as instructed below.

Signature

Date

I would like to make my investor payment:

- Annually on the 1st of _____ (select month)
- Bi-Annually on the 1st of _____ and _____
- Quarterly on the 1st of January, April, July and October

Special billing instructions:

For federal tax purposes, investments in this program should be treated the same as membership dues, ordinary and necessary to the conduct of business. Contributions are NOT deductible as charitable contributions.

MEDCO is a 501(c)(6) organization. No payment is due at this time. You will be invoiced according the investment schedule agreed to above. When invoiced, please make checks payable to:

MEDCO
1225 6th Avenue, Suite 100
Marion, Iowa 52302
(319) 743-4724