



# greater:SATX INVESTMENT FORM

Organization Name: \_\_\_\_\_

**We wish to invest at the following amount each year, for the next 5 years:** *(Check Desired Investment Level)*

- Visionary Partner (\$5K)     Advisory Partner (\$10K)     Strategic Partner (\$25K)
- Executive Partner (\$50K)     President's Partner (\$100K)
- Other (enter amount: \$ \_\_\_\_\_)

*This investment is an intention to give for five years and will be used for budgeting purposes. Investments for years 2-5 are assumed, but may be rescinded at any time.*

**We wish to pay by:** *(Check Desired Payment Method)*

- Invoice                                       Check Enclosed  
*(NOTE: payable to "SAEDF")*
  - Credit Card:                                       Pay Online:
- Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_



*\*Online/Credit Card payments will incur a 3% processing fee.*

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Points of Contact:**

**Primary** (Individual who should receive Meeting Invites/Email Updates):  *Check if same as above*

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Secondary** (\$10k Investment +):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Billing/Accounting:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please send completed forms to the email below or call Janette Surrett at 210.535.2240 with questions.**