



**SUN VALLEY
ECONOMIC
DEVELOPMENT**

www.SunValleyEconomy.org

\$10,000+

DIAMOND

ANALYSIS/CONSULTING **40 HOURS**
EVENT TICKETS **12**
NEWSLETTER **LOGO**
WEBSITE **LOGO/LINK**

\$5,000+

PLATINUM

ANALYSIS/CONSULTING **20 HOURS**
EVENT TICKETS **10**
NEWSLETTER **LOGO**
WEBSITE **LOGO/LINK**

\$2,500+

GOLD

ANALYSIS/CONSULTING **10 HOURS**
EVENT TICKETS **8**
NEWSLETTER **LISTING**
WEBSITE **LOGO/LINK**

\$1,500+

SILVER

ANALYSIS/CONSULTING **5 HOURS**
EVENT TICKETS **6**
NEWSLETTER **LISTING**
WEBSITE **LISTING**

ANNUAL MEMBER BENEFITS

\$750+

BRONZE

ANALYSIS/CONSULTING **2 HOURS**
EVENT TICKETS **3**
NEWSLETTER **LISTING**
WEBSITE **LISTING**

\$250

COMMUNITY

EVENT TICKETS **2**

\$125

LOCAL

EVENT TICKETS **1**

**INVEST IN OUR
COMMUNITY BY
BY BECOMING A
SVED MEMBER**

208-721-7847

harry@SunValleyEconomy.org

*SPECIAL SPONSORSHIP PACKAGES
AND IN-KIND DONATIONS WELCOME*

Sun Valley Economic Development appreciates your membership support. If you are interested in setting up a direct payment mechanism, please select one of the following options and then fill out the relevant information in the box below.

Option 1: _____ my (our) **checking/savings** accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error.

Option 2: _____ my (our) **credit or debit** account accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error.

Company Name _____ Represented By _____

Membership Contribution/Frequency: \$ _____ per _____

I (we) hereby authorize **Sun Valley Economic Development** to initiate annual membership payments as noted above. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. The information entered below shall be kept confidential and provided only to our bookkeeper for purposes of entry into our Quickbooks® billing system.

(Name of Financial Institution)

(Financial Institution Address - Branch, City, State, & Zip)

(Company Representative Signature) (Date)

(Company Address - PO Box, City, State, & Zip)

Account Number/Routing Number: _____ / _____

Credit Card Number/Exp/CVC: _____ / _____ / _____

