

INVESTOR COMMITMENT FORM 2024-2026



INVESTOR INFORMATION

Company Name: _____

Address: _____

City, State, Zip: _____

Main Phone: _____

Website: _____

ANNUAL INVESTOR LEVELS

REGIONAL LEADERSHIP CIRCLE

Champion: \$100,000+

Advocate: \$50,000+

Director: \$25,000+

Premium: \$10,000+

Standard: \$5,000+

This commitment is for FY24 FY25 FY26
(FY runs from July - June)

PRIMARY CONTACT

Name: _____

Title: _____

Direct Phone: _____

Email: _____

Assistant's Name: _____

Assistant's Direct Phone: _____

Assistant's Email: _____

INVOICING

Invoice me in: July January _____

Should payment reminders be sent to the Primary Contact?

Yes No *(If No, please list below)*

INVOICING CONTACT

Name: _____

Title: _____

Direct Phone: _____

Email: _____

AUTHORIZATION

Authorized Signature: _____ Date: _____

For full list of benefits visit www.grpva.com/invest/

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INVESTOR CATEGORIES *(Please select up to three categories that apply:)*

- | | |
|---|---|
| <input type="checkbox"/> Accounting / Auditing Services | <input type="checkbox"/> Headquarters Location |
| <input type="checkbox"/> Architecture / Design | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Arts, Entertainment & Recreation | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Associations / Organizations | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Broker / Developer | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Commercial Goods | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Construction Services | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Consumer Goods | <input type="checkbox"/> Public Affairs |
| <input type="checkbox"/> Corporate Services | <input type="checkbox"/> Real Estate Services |
| <input type="checkbox"/> Creative Services | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Dining & Hospitality | <input type="checkbox"/> Supply Chain / Logistics |
| <input type="checkbox"/> Education | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Utility / Communications |
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Workforce Services |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Other _____ |

SUPPLIER DIVERSITY *(Please select all that apply to your organization:)*

- | | |
|---|--|
| <input type="checkbox"/> Small Business | <input type="checkbox"/> Woman-Owned or Led Business |
| <input type="checkbox"/> Minority-Owned or Led Business | <input type="checkbox"/> Other: _____ |

LOCALITY *(Please select the locality or localities where your organization is based:)*

- | | |
|--|---|
| <input type="checkbox"/> City of Richmond | <input type="checkbox"/> Hanover County |
| <input type="checkbox"/> Chesterfield County | <input type="checkbox"/> Henrico County |

Please return via:
800 East Canal Street, Suite 925, Richmond, VA 23219-4079 | invest@grpva.com

Thank you!