



PDP Business Membership Application

Please complete this form and return it, with your payment, using the enclosed business reply envelope. *Thank you for supporting the Pittsburgh Downtown Partnership.*

Name _____

Title _____

Company _____

Address _____

City, State, Zip Code _____

Phone (work): _____ **Fax:** _____

Email: _____

Website: _____

PDP Annual Membership Fees *(please check one):*

- Renaissance Leader (\$10,000 and above)
- Downtown Visionary (\$5,000 - \$9,999)
- Downtown Champion (\$2,500 - \$4,999)
- Downtown Patron (\$1,000 - \$2,499)
- Downtown Advocate (\$500 - \$999)

Form of payment:

Check enclosed (please make payable to PDP)

Credit Card

Visa

MasterCard

Card # _____

Expiration Date _____

Signature _____

(If you are using a credit card, you may fax this form to 412.566.4193)

Again, thank you for supporting the Pittsburgh Downtown Partnership.
