

# INVESTOR COMMITMENT OF SUPPORT FORM

Thank you for confirming to become an investor in the Borderplex Alliance and supporting the economic development of the region and our long-term growth. This form will confirm your commitment to invest in our Borderplex region by participating in and supporting the Borderplex Bi-National Economic Alliance.

## INVESTMENT INFORMATION: *Please provide your contact information below.*

Name: \_\_\_\_\_  
*Prefix First Last*

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

Website: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## INVESTMENT AMOUNT: \$ \_\_\_\_\_ *Please write total investment amount.*

*Confirm your annual investment amount and level: Please note, annual membership is a 12-month period, based on starting month. Investments will automatically renew unless cancelled by Investor. Renewal requests will be sent at least 30 days prior to renewal date.*

- |  |                       |                                       |                       |
|--|-----------------------|---------------------------------------|-----------------------|
| <input type="checkbox"/> CAPSTONE:     | \$ 250,000 +          | <input type="checkbox"/> CORNERSTONE: | \$ 100,000+           |
| <input type="checkbox"/> EXECUTIVE:    | \$ 50,000 - \$ 99,999 | <input type="checkbox"/> MANAGING:    | \$ 25,000 - \$ 49,999 |
| <input type="checkbox"/> SUSTAINING:   | \$ 10,000 - \$ 24,999 | <input type="checkbox"/> EMERGING:    | \$ 5,000 - \$ 9,999   |
| <input type="checkbox"/> CONTRIBUTING: | \$ 1,000 - \$ 4,999   |                                       |                       |

## PAYMENT SCHEDULE: *Please indicate your preferred payment schedule: An Initial invoice will be sent upon receipt of your confirmation. The default is one annual payment. Renewal invoices will be sent at least 30 days prior to renewal date.*

- |  |   |
|--|---|
| <input type="checkbox"/> One annual payment      | <input type="checkbox"/> Two semi-annual payments     |
| <input type="checkbox"/> Four quarterly payments | <input type="checkbox"/> Monthly payments of \$ _____ |

## INVESTOR COMMUNICATION: *Please indicate how you would like to receive your investor and payment communications: The default is electronic. Please make sure your correct email is provided in the above Investor section.*

- Electronic (Default)       Electronic and Paper       Paper Only

## DESIGNATED INVESTOR REPRESENTATIVE: *Please indicate your primary Investor Representative: As an investor in the Borderplex Alliance you may designate yourself as well as other individuals, based on your selected investment level. We will be contacting you to request the names of your representatives. Below please list the name and email of the primary Investor (if not the same as above).*

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Investment Confirmed and Authorized By: \_\_\_\_\_  
*Printed Name Signature Date*

Mail your commitment to: The Borderplex Alliance | 123 West Mills Avenue | Suite 320 | El Paso, Texas 79901  
or

E-mail your commitment to: [Kvandertulip@borderplexalliance.org](mailto:Kvandertulip@borderplexalliance.org)  
Please contact us with questions at: (915) 298-1000

