

Yes, I (we) wish to become a Main Street Winter Haven member and support its efforts to strengthen our community through a strong downtown.

Membership Categories

____ **\$50 Friend**

____ **\$150 Cornerstone**

____ **\$350 Business Partner**

____ **\$1,000 Corporate**

____ **\$5,000 Benefactor**

Name_____

Business_____

Address_____

City_____

State, Zip_____

Phone_____

Email_____

Main Street Winter Haven
P.O. Box 2074
Winter Haven, FL 33883
(863) 295-9422

*A corporation not for profit
A 501 (C)(3) organization (FDACS #SC-0705)*

*Questions?
Please call (863) 295-9422 or visit
www.mainstreetwh.com*