Main Street Central City
Stakeholder Information

Name: _____
Name of Business/Organization: _____
Business Web Site: _____
Office/Position Held: _____
Physical Address: _____
Mailing Address: _____
_____
Phone #s: _____
FAX #: _____ Cell#: _____
E-mail: _____
Other Organizations affiliated with: _____
_____
_____

Comments/Interests:
_____Yes, I wish to be a MSCC stakeholder.
_____ Yes, please include me in future meetings.

I can offer:
_____Volunteer Time.
_____Share business/personal E-Mail contacts.
_____Some Funding.
_____Donations for Silent Auctions at future Fundraisers.
_____Activity/Event Planning.
_____Skills/Talents: _____
_____
_____

Recommendations for MSCC: _____
_____
_____
_____
Use the back of this page if needed:

Signature: _____ Date: _____

bjt/2015 RETURN TO: Barbara Thielemann P.O. Box 7, Central City 80427 303-582-59219 b.thielemann@att.net