

Alpena Area Chamber of Commerce
235 West Chisholm Street
Alpena, MI 49707
(989) 354-4181

Rec'd 12-27-21
116

— INVOICE —

Bonnie Friedrichs
Alpena County
720 West Chisholm Street
Alpena, MI 49707

Date: 01/01/2022
Account #: 1171
Invoice #: 21624
Amount Due: \$5,000.00

Amount Remitted: _____

Alpena Area Chamber of Commerce

*****3 Convenient Ways to Pay*****
CashCheck***Credit Card***

Thank You for Your Continued Support!

Membership Investment 01/01/2022 - 12/31/2022

5,000.00

Total: 5,000.00

Payment of membership dues is deductible for most chamber members as an ordinary and necessary business expense.
Contributions or gifts to the chamber are not deductible as charitable contributions for federal income tax purposes.



235 West Chisholm Street . Alpena, MI 49707 . Phone: (989) 354-4181

December 16, 2021

Bonnie Friedrichs
Alpena County
720 West Chisholm Street
Alpena, MI 49707

Dear Bonnie,

First and foremost, thank you! Your investment in the work we do makes a great difference to the well-being of our community. A few brief highlights from 2021 included: additional pandemic relief, productive networking events, successful fireworks fundraising, an engaging leadership seminar, and a healthy economic development program that is still going strong for Alpena.

In 2022 we will continue to focus on opportunities for our members, economic development, advocacy, education, working with the Northern Michigan Chamber Alliance and much more.

Enclosed you will find:

- Your 2022 membership investment invoice (contact us if you are interested in elevating your tier).
- A membership decal for you to utilize as you find appropriate.
- A credit card authorization form – if you would like to pay your membership investment automatically via your credit card.

Despite some restrictions, we are pleased with the work we were able to achieve in 2021. We look forward to carrying that momentum forward into 2022, starting with the return of the Annual Banquet on February 10. One thing that continues to be true is the value of working together as one community. It's you, our membership, that makes us thrive.

On behalf of our team, I would like to say thank you, without your assistance we wouldn't be able to accomplish our goals. Together we can provide great benefits for our community and help make 2022 a productive year!

Sincerely,

Adam Poll
President/CEO



Recurring Payment Authorization Form

235 West Chisholm Street, Alpena, MI 49707
989.354.4181, www.alpenachamber.com

Schedule your annual membership investment to be automatically charged to your Visa, MasterCard, American Express or Discover Card. Complete and sign this form to enroll in the process.

Recurring payments will simplify your membership investment. When you authorize the Alpena Area Chamber of Commerce to automatically charge your credit card for your membership investment, you will receive a mailed receipt of payment. By signing below you agree to the following:

- No prior notification will be provided of the charge, unless there is a change to the amount or date. At that time, you will receive a notice from us a minimum of ten days prior to the payment being collected.
- This plan will be in effect until you communicate to us in writing that you wish to discontinue this plan. At that time we will discuss alternative options.
- Annual charges will be made on the first business day of a new year. Monthly charges will be made on the first business day of each new month. Quarterly charges will be made on the first business day of the first month of each quarter (January, April, July, October).

Please complete the following if you wish to enroll in our recurring membership investment payment plan. Return the completed form to the Alpena Area Chamber of Commerce.

I, _____, authorize the Alpena Area Chamber of Commerce to charge the credit card below for _____ membership investment amount. I wish this to be charged as a/an (circle one) annual - monthly - quarterly payment, per the schedule shared above.

Credit Card information

Card Number: _____ Expiration Date: _____

Zip Code from billing statement: _____ Three-digit security code: _____

Authorized Signature: _____