

**2022 Annual Meeting Sponsor & Underwriter Information**

Organization/Business

Address

City State Zip Code

Name of Sponsor/Underwriter

**(As you would like it to appear in online and print materials.)**

Contact Person

**(For communication/guest list confirmation.)**

Phone Email

**Sponsorship Level**

* **Title Sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **River Sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Session Sponsor - Session Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Event Sponsorship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment Information**\*Funds are nonrefundable

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Enclosed is our check payable to the Texas State Historical Association
* Please invoice us. PO #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please charge our Credit Card □ Visa □ Mastercard □ Discover □ American Express

Credit Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration\_\_\_\_\_\_\_\_\_CVV\_\_\_\_\_\_\_\_\_Billing Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return form to:**Angel Baldree

Texas State Historical Association P.O. Box 5428  
Austin, TX 78763  
512.471.2723 phone

[angel.baldree@TSHAonline.org](mailto:angel.baldree@TSHAonline.org)