

Illinois
State Historical Society

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Please return this portion with your payment to the above address no later than August 23rd. Please make checks payable to the Illinois State Historical Society.

Please reserve one complimentary ticket for

(name of business or organization and person attending, one free ticket per business or organization receiving award)

Please reserve _____ additional tickets for me at \$40 each (member price) \$ _____
\$48 each (non-member) \$ _____

Tables with 6 or more will be reserved. Please check if you need. _____
(table seats 10 people) otherwise open seating.

I cannot attend, but would like to make a tax-deductible donation in the amount of
\$ _____ to support the Centennial Awards Program.

Name(s): _____
(All names must be listed for security purposes – use back if more space
is needed)

When using a credit card for payment:

Name on card: _____

Mailing address: _____

Card No.: _____ Exp. Date: _____ 3-digit security code: _____

Phone: _____ Email: _____

Credit Card Holder's Signature: _____