

2023 SESQUICENTENNIAL HOUSE OF WORSHIP LUNCHEON RESERVATION

Please return this form along with your payment by **September 10** to:

Illinois State Historical Society
PO Box 1800
Springfield, IL 62705-1800

Name: _____

If representing a house of worship, please write the name: _____

Mailing Address: _____

City, State, Zip: _____

Names of ISHS members attending at \$50 each: _____

Names of non-members attending at \$60 each: _____

If paying by credit card, please give name and address if different from above.

Name on Card: _____

Mailing Address: _____

City, State, Zip: _____

Credit Card Number: _____

Expiration Date: _____

CVV Number: _____