



TEXAS HISTORICAL COMMISSION
TEXAS HERITAGE TRAILS PROGRAM

Texas Tropical Trail Region
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PLEDGE CARD

Organization Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

Fax: _____

Website: _____

My organization/I pledge: ___ \$100 ___ \$250 ___ \$500
\$_____ (other amount)

(You will be invoiced in the amount selected.)

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