



Texas Aviation Hall of Fame Induction Ceremony and Luncheon

Friday, April 12, 2019 at the Lone Star Flight Museum

SPONSOR BENEFITS

\$25,000 Presenting Sponsor

- ★ Two premier reserved tables for 10
- ★ Recognition at the museum entrance
- ★ Name/logo in the museum calendar of events as a ceremony sponsor
- ★ Prominent recognition in ceremony materials
- ★ Recognition on the museum website
- ★ Museum Flight Crew-level membership

\$10,000 Premier Sponsor

- ★ One premier reserved table for 10
- ★ Name/logo in the museum calendar of events as a ceremony sponsor
- ★ Prominent recognition in ceremony materials
- ★ Recognition on the museum website
- ★ Museum Aviator-level membership

\$5,000 Gold Sponsor

- ★ One reserved table for 10
- ★ Prominent recognition in ceremony materials
- ★ Name listed on the museum website
- ★ Museum Aviator-level membership

\$2,500 Silver Sponsor

- ★ One reserved table for 10
- ★ Recognition in ceremony materials
- ★ Name listed on the museum website
- ★ Museum Navigator-level membership

\$1,500 VIP Table Sponsor

- ★ One reserved table for 10
- ★ Recognition in ceremony materials
- ★ Museum Navigator-level membership



Please complete this form and return it along with your check (made payable to Lone Star Flight Museum) or credit card information to:

Lone Star Flight Museum
11551 Aerospace Ave, Houston, TX 77034

You may also purchase sponsorships online at www.lonestarflight.org/tahof2019.

For questions or to scan and email your form, contact Marissa Trevino at (346) 352-7678 or marissa.trevino@lonestarflight.org.

Lone Star Flight Museum is a 501(c)(3) non-profit organization.

Your sponsorship payment reserves your table.

SPONSOR NAME: _____
(as you would like to be listed on program and other materials)

CONTACT NAME: _____

Sponsorship /Table Level and Amount: _____

I cannot attend, but please accept my Sponsorship of: \$ _____

Payment Type: Check Credit Card: Visa MasterCard Amex

Please check here if sponsorship will be matched:

Card No.: _____ Exp. Date: ____/____/____ Auth. Code: _____

Name on Card: _____

Signature: _____ Date: ____/____/____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____