

TEXAS HISTORICAL COMMISSION

Official Texas Historical Markers  
Sponsorship Fee Invoice

RE: San Juan Hotel County: Hidalgo Marker: 25HG04

Marker Size: 27" x 42" with post Total Due: \$2,500.00 + \$100 application fee = \$2,600.00

The commissioners of the Texas Historical Commission have reviewed and approved your application. Payment for sponsorship of the marker is due in our office on or before November 15, 2025 5p.m., CST. Mail payments to History Programs Division, P.O. Box 12276, Austin, TX 78711-2276. Do NOT email credit card information.

Please Note:

- Inscriptions will be written in the order that payments are received.
- We will not accept multiple payments for one marker, only one form of payment please. Multiple checks will not be accepted.
- If overnighting mail, please send by UPS or FedEx to: 1511 Colorado St. Austin, TX 78701.
- If payment is not received by the date above, the application will be cancelled. We are not able to give any extensions. You may reapply during the next marker application period, though the \$100 application fee will not be waived for future submissions. We apologize for any inconvenience this may cause.
- Due to possible increases in shipping and material costs, marker prices are subject to change. Marker sponsors are responsible for paying the full cost of the historical marker and will be notified via invoice with a 45-day payment deadline should marker prices increase. Sponsors may choose to withdraw from the marker process at any time before a marker is ordered, and will be refunded payment, not including the application fee.

Billing Information (must be completed even if paying by check)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (with area code): \_\_\_\_\_ Email Address: \_\_\_\_\_

[ ] Payment enclosed (make check payable to the Texas Historical Commission)

OR

[ ] Bill to credit card (only VISA or MC accepted) \_\_\_\_\_ Visa \_\_\_\_\_ Master Card

Card Number: \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Credit Card Billing Zip Code: \_\_\_\_\_

Signature (for credit card only): \_\_\_\_\_

Fill out the form, print it, sign it if billing to a credit card and return via postal mail only to the address noted below. THC Staff Services will run credit card payments in batches using a state approved payment processing program. "THC Virtual Merchant" will show as the Merchant Name on your credit card statement once the payment has been processed. DO NOT SEND THIS FORM VIA EMAIL.

