



2026 Event Sponsor Commitment Form

Name of Underwriter (as it is to appear in promotional materials):

Company _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email _____

I/We agree to participate at _____ level for \$ _____

Please make checks payable to MVHS and mail to 648
Wick Avenue, Youngstown, Ohio 44502

Credit Card # _____

Exp. Date _____

3-Digit Security Code _____

Zip Code _____

Signature _____

Register Online



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HISTORICAL SOCIETY