



**THE FELDMAN CHAMBER MUSIC SOCIETY, INC.**  
**SUBSCRIPTION FORM for the 2015-2016 SEASON**

**SUBSCRIBE**

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State VA Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail address\* \_\_\_\_\_

\* Please provide Email address if you'd like to opt in to receive occasional email announcements from us.

Please check box if it's okay to share your address with partner arts organizations (e.g., Chrysler Museum, Virginia Arts Festival)

Please send me tickets as follows:

<b>SUBSCRIPTION CATEGORY</b>	<b>QUANTITY</b>	<b>PRICE</b>	<b>TOTAL</b>
Adult Rate	_____	\$ 125.00	\$ _____
Student/Youth/Music Professional/Introductory Rate	_____	\$ 50.00	\$ _____
<b>Subtotal <u>subscription</u> tickets:</b>			\$ _____

**CONTRIBUTE**

I know that the cost of presenting these concerts is not covered by ticket sales. I would like to make the following tax-deductible contribution to the Feldman Chamber Music Society, Inc.:

Operating Fund Contribution: \$ \_\_\_\_\_

Endowment Fund Contribution: \$ \_\_\_\_\_

**Subtotal contribution amount:** \$ \_\_\_\_\_

**Total amount enclosed (subscription + contribution):** \$ \_\_\_\_\_

I would like my contribution to be acknowledged in the concert programs under the following name(s): \_\_\_\_\_

**VOLUNTEER**

If you would like to consider Volunteering to serve on the Board or to help out at concerts, please indicate here in what capacity and we will contact you: \_\_\_\_\_

Please return this form with your check to:

PO Box 6144  
 Norfolk VA 23508

For Office Use Only

Date Entered \_\_\_\_\_ Customer ID # \_\_\_\_\_ Ticket # \_\_\_\_\_

