



**THE FELDMAN CHAMBER MUSIC SOCIETY, INC.  
SUBSCRIPTION FORM for the 2017-2018 SEASON**

<b>SUBSCRIBE</b>	Name _____
	Street _____
	City _____ State <u>VA</u> Zip _____
	Phone _____ E-Mail address _____

Please send me tickets as follows:

<b>SUBSCRIPTION CATEGORY</b>	<b>QUANTITY</b>	<b>PRICE</b>	<b>TOTAL</b>
Adult Rate	_____	\$ 150.00	\$ _____
Chrysler Museum Member Rate	_____	\$ 125.00	\$ _____
Student/Youth/Music Professional/Introductory Rate	_____	\$ 75.00	\$ _____
<b>Subtotal <u>subscription</u> tickets:</b>			\$ _____

I know that ticket sales cover less than one half the cost of presenting these concerts. I would like to make the following tax-deductible contribution to the Feldman Chamber Music Society, Inc.:

<b>CONTRIBUTE</b>	Operating Fund Contribution:	\$ _____
	Endowment Fund Contribution:	\$ _____
	<b>Subtotal <u>contribution</u> amount:</b>	<b>\$ _____</b>
	<b>Total amount enclosed (subscription + contribution):</b>	<b>\$ _____</b>

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

\_\_\_\_\_

<b>VOLUNTEER</b>	If you would like to consider Volunteering to serve on the Board or to help out at concerts, please indicate here in what capacity: _____

Please return this form with your check to:

PO Box 6144  
Norfolk VA 23508

For Office Use Only

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