



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

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

Please send me tickets as follows:

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

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.:

CONTRIBUTE	Operating Fund Contribution:	\$ _____
	Endowment Fund Contribution:	\$ _____
	Subtotal <u>contribution</u> 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: _____
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Please return this form with your check to:

PO Box 6144
Norfolk VA 23508

For Office Use Only

Date Entered _____	Customer ID # _____	Ticket # _____
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