



THE FELDMAN CHAMBER MUSIC SOCIETY, INC.  
SUBSCRIPTION FORM for the 2018-2019 SEASON

SUBSCRIBE

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State VA 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	\$ _____
<b>Subtotal <u>subscription</u> tickets:</b>			\$ _____

CONTRIBUTE

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.:

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: \_\_\_\_\_

Please return this form with your check to:

PO Box 6144  
Norfolk VA 23508

For Office Use Only

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