



THE FELDMAN CHAMBER MUSIC SOCIETY, INC.
SUBSCRIPTION FORM

Name _____
Street _____
City _____ State VA Zip _____
Phone _____ E-Mail address _____

SUBSCRIBE

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:			\$ _____

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 # _____