



FELDMAN CHAMBER MUSIC SOCIETY
SUBSCRIPTION FORM for the 2024-2025 SEASON

Please note: orders received after September 10th will be held at Will Call

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

SUBSCRIBE

Please send me season tickets as follows:

	QUANTITY	PRICE	TOTAL
Regular Rate	_____	\$ 180.00	\$ _____
Student Rate	_____	\$ 50.00	\$ _____
Subtotal SEASON TICKETS:			\$ _____

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:

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: Feldman Chamber Music Society
PO Box 6144
Norfolk VA 23508

For Office Use Only

Date Entered _____ Customer ID # _____ Ticket # _____