

Chamber Music Amici

Season 2014/2015 Ticket Order Form

Five Concerts Wildish Community Theater

Mondays 10/ 27 • 12/8 • 2/9 • 4/27* • 6/1

*The Shedd Institute for the Arts

Prices

_____ # **Tickets Section A rows* A-K, stage**

Adult \$145 • Senior (65+) \$135

_____ # **Tickets Section B rows* L-Q**

Adult \$130 • Senior (65+) \$120

_____ # **Tickets Section C rows* R & S**

Adult \$105 • Senior (65+) \$95

Special Seating Needs _____

Subscriber Special* Buy additional tickets to concert 4 and get up to 30% off!

Donation

I would like to make a tax-deductible contribution to Chamber Music Amici

___ \$1,000 ___ \$500 ___ \$250 ___ \$100 ___ other: _____

Payment

Season tickets \$ _____

Additional seats Subscriber Special*

Concert 4, April 27 ___ x \$ ___ = \$ _____

Section A \$20 • Section B \$18 • Section C \$15

Donation \$ _____

Handling fee \$ 3.00

Total enclosed \$ _____

check enclosed (preferred)

credit card (transaction via Amici's PayPal account)

Expires ___ / ___ CVC (3-digit code) _____

_____ - _____ - _____ - _____

Sign _____

Phone _____

Complete

Name _____

Address _____

City _____ State ___ Zip _____

Email _____

Phone _____

Call 541.953.9204 or

Mail to Chamber Music Amici in envelope provided

Chamber Music Amici

Individual Ticket Order Form

2014/2015

Five Concerts - Mondays

- ___ # **Tickets** October 27, 2014
___ # **Tickets** December 8, 2014
___ # **Tickets** February 9, 2015
___ # **Tickets** April 27, 2015 *The Shedd Institute*
___ # **Tickets** June 1, 2015

Prices

Section A Adult \$30 • Senior (65+) \$28

Section B Adult \$26 • Senior \$24

Section C Adult \$22 • Senior \$20

Special Seating Needs _____

Donation

I would like to make a tax-deductible contribution to Chamber Music Amici

___ \$1,000 ___ \$500 ___ \$250 ___ \$100 ___ other \$ _____

Payment

Tickets \$ _____

Donation \$ _____

Handling fee \$ 3.00

Total enclosed \$ _____

check enclosed (**preferred**)

credit card (transaction via Amici's PayPal account)

Expires ___ / ___ CVC (3-digit code) _____
- - -

Sign _____

Phone _____

Complete

Name _____

Address _____

City _____ State ___ Zip _____

Email _____

Phone _____

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