

If you prefer to order tickets by mail, please print and complete this form and mail it to Summer Music Associates, PO Box 603, New London, NH 03257

___ @ \$25 for June 23	___ \$5 Student/child	BCS/Brubeck
___ @ \$25 for July 12	___ \$5 Student/child	WSQ
___ @ \$25 for July 26	___ \$5 Student/child	Anastasia R
___ @ \$25 for August 9	___ \$5 Student/child	Altius String Q
___ @ \$25 for August 24	___ \$5 Student/child	Uptown Jazz 10

Total Individual \$ _____

___ Series @ \$100 for five concerts Total Series \$ _____

SUPPORT SMA* \$ _____

GRAND TOTAL \$ _____

*DONATION CATEGORIES			
SPONSOR	\$1,000 +	DONOR	\$150-\$299
BENEFACTOR	\$600-\$999	CONTRIBUTOR	\$60-\$149
PATRON	\$300-\$599	FRIEND	\$30-\$59

YOUR DONATION IS VITAL TO THE HEALTH OF
SUMMER MUSIC ASSOCIATES AND IS FULLY TAX-DEDUCTIBLE.

Name(s) _____

Mailing Address _____

Phone _____ Email _____

Please enclose a check payable to SUMMER MUSIC ASSOCIATES or fill out your credit card information below. Thank you.

Card # _____ Exp. Date ____/____

CVV# _____ (3 digits on back of card or 4 digits on front of AMEX)

Name on card: _____

Billing address: _____

City: _____ State: _____ Zip: _____ Phone: _____

SIGNATURE: (Required) _____