

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 22	___ \$5 Student/child	BCS/Brannon Cho
___ @ \$25 for July 18	___ \$5 Student/child	Rastrelli Cello Quartet
___ @ \$25 for July 27	___ \$5 Student/child	Triple Play
___ @ \$25 for August 15	___ \$5 Student/child	William Ogmundson
___ @ \$25 for August 22	___ \$5 Student/child	Beacon Brass Quintet
___ @ <b>\$25 GIFT TICKET</b>		<b>Redeemable at any 2019 concert</b>

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) \_\_\_\_\_