

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 20	___ \$5 Student/child	Boston Civic Symphony
___ @ \$25 for July 16	___ \$5 Student/child	Frisson Ensemble
___ @ \$25 for August 6	___ \$5 Student/child	Pandolfi-Deutsch Duo
___ @ \$25 for August 13	___ \$5 Student/child	Altius String Quartet
___ @ \$25 for August 20	___ \$5 Student/child	Fred Moyer Jazz Trio
___ @ \$25 GIFT TICKET Redeemable at any 2020 concert		

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

	<i>SUPPORT SMA*</i>	\$ _____
	Support YOUTH OUTREACH	\$ _____
	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) _____