

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 25	___ \$5 Student/child	Boston Civic Symphony
___ @ \$25 for July 7	___ \$5 Student/child	Frisson Ensemble
___ @ \$25 for July 21	___ \$5 Student/child	Beacon Brass
___ @ \$25 for August 4	___ \$5 Student/child	Pandolfi-Deutsch
___ @ \$25 for August 18	___ \$5 Student/child	Fred Moyer Jazz Trio
___ @ \$25 GIFT TICKET Redeemable at any 2022 concert		

Total Individual \$ \_\_\_\_\_

SUPPORT SMA\* \$ \_\_\_\_\_

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) \_\_\_\_\_