

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 Wind Ensemble |
| ___ @ \$25 for July 21 | ___ \$5 Student/child | Beacon Brass |
| ___ @ \$25 for August 4 | ___ \$5 Student/child | Pandolfi-Deutsch Duo |
| ___ @ \$25 for August 18 | ___ \$5 Student/child | Fred Moyer Jazz Trio |
| ___ @ \$25 GIFT TICKET Redeemable at any 2022 concert | | |
| ___ @ \$70 TRIO of FLEX TICKETS Redeemable at any 2022 concert | | |
| ___ @ SEASON TICKETS | ___ \$100 | All Five Concerts |

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) _____