

CONTACT + TICKET INFORMATION

Name: _____ Date: _____

Email Address: _____ Mailing Address: _____

Phone Number: _____ City/State/Zip: _____

CURRENT SUBSCRIBERS

I attend performances on:

Saturday Sunday

Current Seat #: _____

Would you like to retain your current seats?

Yes No

Seat Change Request: _____

NEW SUBSCRIBERS

I would like to attend performances on:

Saturday Sunday

I would prefer to sit:

Main Floor Balcony

Special Request: _____

CLASSICAL SERIES (6 CONCERTS)

Section	Subscription Price		# of Subscriptions	=	Total Price
Platinum	\$422	x	_____	= \$	_____
Gold	\$294	x	_____	= \$	_____
Silver	\$208	x	_____	= \$	_____
Bronze	\$155	x	_____	= \$	_____

ADD-ON HOLIDAY SPECTACULAR

Which *Holiday Spectacular* performance date do you want to attend?

Saturday, December 10, 2022 2:30pm 7:30pm Sunday, December 11, 2022 2:30pm

Section	Ticket Price		# of Tickets	=	Total Price
Platinum	\$79	x	_____	= \$	_____
Gold	\$55	x	_____	= \$	_____
Silver	\$39	x	_____	= \$	_____
Bronze	\$29	x	_____	= \$	_____

Purchase your Holiday Spectacular tickets now for first rights to your subscription seats.

Make a Tax-Deductible Donation

Ticket sales cover less than 30% of the Symphony's annual budget. Your tax-deductible contribution today helps build the Bozeman Symphony Orchestra of tomorrow.

I'd like to make a gift of: \$ _____ *Thank you for donating!*

Become a Bozeman Symphony Underwriter

Underwriters provide the Symphony a strong, sustainable financial base by committing to donate \$100 per month, or \$1,200 per year. By becoming a Symphony Underwriter, you ensure Bozeman Symphony continues to thrive long into the future, and you will receive special recognition and benefits.

\$100 (monthly payment) \$600 (half now, second in January 2023) \$1,200 (full year)

For more information, visit: bozemansymphony.org/donate

ORDER AMOUNT

Classical Series Package Total: \$ _____

Add-On *Holiday Spectacular* Total: \$ _____

Tax Deductible Contribution Total: \$ _____

Underwriter Payment: \$ _____

\$15 Handling Fee Per Subscription: \$ _____

ORDER TOTAL: \$ _____

PAYMENT

Check Enclosed (payable to Bozeman Symphony) **Charge My Card** (information below)

Name on Card: _____ Billing Zip Code: _____

Credit Card #: _____ Expiration Date: ____/____ CVC Code: _____

Signature: _____