



# THE SANCTUARY SERIES

# Membership and Ticket Orders

## Be a Part of The Sanctuary Series - Become a Member 2016 SPRING SEASON

### TICKETS

#### In Advance

\$40 Preferred Seating  
 \$35 Preferred Seating Member  
 \$25 General  
 \$20 Member  
 \$15 Student

#### Subscription (4 concerts)

\$120 Preferred Seating  
 \$75 General  
 \$60 Member

### INDIVIDUAL \$50

Member ticket discount for 2016 Spring Season (\$50 tax-deductible)

### DUAL/FAMILY \$75

Member ticket discount for 2016 Spring Season (\$75 tax-deductible)

### FRIEND \$250

All the benefits of Dual/Family membership, plus: Two subscription passes for 2016 Spring Season (\$90 tax-deductible)

### PATRON \$500

All the benefits of Dual/Family membership, plus: Four subscription passes (or two preferred passes) for 2016 Spring Season and special acknowledgment in printed program (\$180 tax-deductible)

### SPONSOR \$1000

All the benefits of Dual/Family membership, plus: Four Preferred Seating Subscription Passes, for 2016 Spring Season, special acknowledgment at the concert and in the printed program (\$440 tax-deductible)

Your donation can be made fully tax-deductible by declining your membership benefits in the box below.

Event Date	Title of Concert	#	Tickets
	1.		\$
	2.		\$
	3.		\$
	4.		\$

### Please Select your Level of Membership

- INDIVIDUAL (\$50 tax-deductible) \$50  
 DUAL/FAMILY (\$75 tax-deductible) \$75  
 FRIEND (\$90 tax-deductible) \$250  
 PATRON (\$180 tax-deductible) \$500  
 SPONSOR (\$440 tax-deductible) \$1000  
 I would like to decline my membership gifts  
 I would like my contribution to be anonymous

Please Print Clearly Title:  Mr.  Mrs.  Ms.  Dr.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**METHOD OF PAYMENT:**  Check enclosed in the amount of \$ \_\_\_\_\_

- Please include total for tickets, personal & gift memberships
- Please make checks payable to: "The Sanctuary Series"

Charge to:  Amex  Discover  Diners Club  Mastercard  Visa

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

PLEASE MAIL TO: The Sanctuary Series, 111 Spring Street, South Salem, NY 10590