



THE SANCTUARY SERIES

Membership and Ticket Orders

Be a Part of The Sanctuary Series - Become a Member 2016 - 17 SEASON

TICKETS

In Advance

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

INDIVIDUAL \$50

Member ticket discount for 2016-17 Season. (\$50 tax-deductible)

DUAL/FAMILY \$75

Member ticket discount for 2016-17 Season. (\$75 tax-deductible)

FRIEND \$350

All the benefits of Dual/Family membership, plus: Two subscription passes for 2016-17 Season. (\$70 tax-deductible)

PATRON \$500

All the benefits of Dual/Family membership, plus: Two preferred passes for 2016-17 Season and special acknowledgment in printed program. (\$80 tax-deductible)

SPONSOR \$1000

All the benefits of Dual/Family membership, plus: Four Preferred Seating Subscription Passes, for 2016-17 Season, special acknowledgment at the concert and in the printed program (\$160 tax-deductible)

Subscription (7 concerts)

\$210 Preferred Seating
 \$175 Preferred Member
 \$140 General
 \$105 Member

Subscription (4 Concerts)

\$120 Preferred Seating
 \$100 Preferred Member
 \$ 80 General
 \$ 60 Member

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

Please Select your Level of Membership

- INDIVIDUAL (\$50 tax-deductible) \$50
 DUAL/FAMILY (\$75 tax-deductible) \$75
 FRIEND (\$70 tax-deductible) \$350
 PATRON (\$80 tax-deductible) \$500
 SPONSOR (\$160 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.

Event Date	Title of Concert	#	Tickets
	1.		\$
	2.		\$
	3.		\$
	4.		\$
	5.		\$
	6.		\$
	7.		\$

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