



THE SANCTUARY SERIES

Membership and Ticket Orders

Be a Part of The Sanctuary Series - Become a Member 2018 - 19 SEASON

TICKETS

In Advance

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

INDIVIDUAL \$50

Member ticket discount for 2018-19 Season. (\$50 tax-deductible)

DUAL/FAMILY \$75

Member ticket discount for 2018-19 Season. (\$75 tax-deductible)

FRIEND \$300

All the benefits of Dual/Family membership, plus: Two subscription passes for 2018-19 Season. (\$120 tax-deductible)

PATRON \$500

All the benefits of Dual/Family membership, plus: Two preferred passes for 2018-19 Season and special acknowledgment in printed program. (\$130 tax-deductible)

SPONSOR \$1000

All the benefits of Dual/Family membership, plus: Four Preferred Seating Subscription Passes, for 2018-19 Season, special acknowledgment at the concert and in the printed program (\$260 tax-deductible)

Subscription (6 concerts)

- \$210 Preferred Seating
- \$185 Preferred Member
- \$120 General
- \$90 Member

Subscription (4 Concerts)

- \$140 Preferred Seating
- \$120 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 (\$120 tax-deductible) \$300
- PATRON (\$130 tax-deductible) \$500
- SPONSOR (\$260 tax-deductible) \$1000
- I would like to decline my membership gifts
- I would like my contribution to be anonymous

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

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