



# THE SANCTUARY SERIES

# Membership and Ticket Orders

## Be a Part of The Sanctuary Series - Become a Member 2019- 20 SEASON

### TICKETS

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

### INDIVIDUAL \$50

Member ticket discount for 2019-20 Season. (\$50 tax-deductible)

### DUAL/FAMILY \$75

Member ticket discount for 2019-20 Season. (\$75 tax-deductible)

### FRIEND \$300

All the benefits of Dual/Family membership, plus: Two subscription passes for 2019-20 Season. (\$120 tax-deductible)

### PATRON \$500

All the benefits of Dual/Family membership, plus: Two preferred passes for 2019-20 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 2019-20 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

*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**

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