

HONOLULU CHAMBER MUSIC SERIES

2014-2015 SEASON SUBSCRIPTION ORDER FORM

Send this form along with a self-addressed stamped envelope and your check, money order, or VISA/MASTERCARD information to HONOLULU CHAMBER MUSIC SERIES, PO Box 2233, Honolulu, HI 96804-2233.

(circle one) Mr. Mrs. Ms. Miss Dr.

Name (First MI Last): _____

Address: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Total Number of Subscriptions (Early special by Oct. 1) _____ x \$195 = \$ _____

(Regular Price after Oct. 1) _____ x \$225 = \$ _____

Gift or donation to HCMS \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Check / money order payable to: HONOLULU CHAMBER MUSIC SERIES

Credit Card Charges (Visa/Mastercard only)

Credit card type (circle one): Visa Mastercard

Credit Card number: _____ Expiration date (MM/YYYY): _____

Your signature: _____

SEASON TICKETS will be mailed approximately two weeks prior to the first concert. Please be sure to include a self-addressed stamped envelope with your request. Thank you.