

# HONOLULU CHAMBER MUSIC SERIES

## 2016-2017 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 Sep. 13) no. of tickets** \_\_\_ **x \$180 = \$** \_\_\_\_\_

**(Regular Price after Sep. 13) no. of tickets** \_\_\_ **x \$195 = \$** \_\_\_\_\_

**Donation to HCMS:** *Please check category of choice*

Friend - \$25-\$199

Associate -\$200-\$499

Supporter \$500-\$999

Patron - \$1000-2499

Quartet Circle \$2500 and up

**Donation = \$** \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED = \$** \_\_\_\_\_

Check / money order payable to: HONOLULU CHAMBER MUSIC SERIES

Credit Card Charges (Visa/Mastercard only)

Credit card type (check 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.