

HONOLULU CHAMBER MUSIC SERIES

2017-2018 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.

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

Name (First MI Last): _____

Address: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Total Number of Subscriptions: _____ **no. of tickets** _____ **x \$180 = \$** _____

Donation to HCMS: *Please check category of choice*

Friend - \$25-\$199

Associate -\$200-\$499

Supporter -\$500-\$999

Patron - \$1000-\$2499

Quartet Circle \$2500-\$4999

Quintet Circle \$5000-\$25,000

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 requests will be held for pickup at the first concert. Any season pass not picked up at the first concert will be mailed shortly after the first concert. Thank you.