

Name: _____

(Please Print Clearly)

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Supporting Levels (sales tax included) Name(s) are listed in program credits exactly as they appear above, and have preferred seating.

Tickets are for 1 person for the season and all reciprocal concerts.

Friend \$70 per ticket # _____ = \$ _____

Patron \$200 includes 2 tickets \$ _____

Sponsor \$300 includes 2 tickets \$ _____

Benefactor \$500 includes 2 tickets \$ _____

Promoter \$1,000 includes 2 tickets \$ _____

Underwriter \$2,500 includes 2 tickets \$ _____

The amount donated is tax deductible excluding ticket price of \$70

Individual Member (sales tax included)

Tickets are for 1 person for the season and all reciprocal concerts.

Member \$60 per ticket # _____ = \$ _____

Student Outreach Donation This program provides additional concerts for our Beaufort County Students to experience live performances. This is an additional cost to the BCCA.

Total Amount Enclosed \$ _____

Make check payable to BCCA. Mail to: BCCA, PO Box 1024, Washington NC 27889.

If you prefer you can pay by credit card or Pay Pal, at our website, www.gobcca.org and click the "PayPal" button.

Tickets will be mailed several weeks before the first concert.