

2023-24 Charlottesville Symphony Subscription Form

1. SUBSCRIPTION Subscriptions include a 10% discount off single ticket prices. Seating priority is determined by subscription and donation history and date of paid order.

- Saturdays at 7:30pm, Old Cabell Hall (9/23; 11/11; 2/10; 3/16; 4/20)
- Sundays at 3:30pm, Martin Luther King, Jr. PAC (9/24; 11/12; 2/11; 3/17; 4/21)
- I need wheelchair accessible seating (Section C at both venues).
- Digital/Print-At-Home tickets: Opt in to display tickets on your phone or print at home.

	# of seats		Total
Section A Aisle [◊]	_____	at \$207.00 each =	_____
Section A	_____	at \$180.00 each =	_____
Section B Aisle [◊]	_____	at \$175.50 each =	_____
Section B	_____	at \$162.00 each =	_____
Section C	_____	at \$135.00 each =	_____
Section D	_____	at \$ 90.00 each =	_____
Student/Partial View	_____	at \$ 50.00 each =	_____

[◊] Seats directly on an aisle are designated Section A Aisle or B Aisle – seats adjacent to aisle seats are either Section A or Section B. Quantities of aisle seats are limited; please indicate a 2nd choice option.

2. PARKING PERMIT

I wish to purchase a Season Parking Permit for the C1 Lot at Old Cabell Hall or the Permit Lot at MLKPAC for **\$60.00**. *Symphony Circle donors receive a complimentary parking permit. If you have a DMV handicap hangtag or plates, you do not need a parking permit to park in the permit lots.*

3. ANNUAL FUND GIFT

Make your gift today and enjoy behind-the-scenes access to more of the music you love. Donor benefits begin at \$100.

- I would like to make a gift of: \$ _____.
- I can't give now, but I would like to make a gift of \$ _____ in the month of: _____.
- My company will match my gift (please enclose appropriate forms). *We'll send you a pledge reminder in this month.*

Please list my name in concert programs as: _____.

CONTACT INFORMATION/PAYMENT

Please include name, address, phone and email:

- _____
- Charge my VISA / MASTERCARD / AMEX. Check payable to **Charlottesville Symphony** enclosed.

Card Number Exp. Date Billing Zip Code Billing Street Number CVV

Name (as it appears on card) Signature

TOTAL DUE	1. Subscription Total	\$ _____	+	
	2. Parking Permit	\$ _____	+	
	3. Annual Fund Gift	\$ _____	+	
	Required Processing Fee	\$ 4.00	+	
	GRAND TOTAL	= \$ _____		

Please return with payment to:

Charlottesville Symphony
P.O. Box 4206
Charlottesville, VA 22905

For assistance with this form, contact the Symphony office at **(434) 924-3139** or **symphony@virginia.edu**.