

2024-25 Charlottesville Symphony Mini-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. Please contact us to discuss seating availability.

- Saturdays at 7:30pm, Old Cabell Hall (2/8; 3/22; 4/26)
- Sundays at 3:30pm, Martin Luther King, Jr. PAC (2/9; 3/23; 4/27)
- I need wheelchair accessible seating (Section C at both venues).
- Digital/Print-At-Home tickets: Opt in to display tickets on your phone or to print at home.**

	# of seats		Total	
Section A/A-Aisle [◊]	_____	at \$142.10	each =	_____
Section B/B-Aisle [◊]	_____	at \$121.50	each =	_____
Section C/C-Aisle	_____	at \$102.60	each =	_____
Section D/D-Aisle	_____	at \$78.30	each =	_____
Section E/E-Aisle	_____	at \$54.00	each =	_____
Partial View (Saturday only)	_____	at \$30.00	each =	_____
Student	_____	at \$30.00	each =	_____

[◊] Quantities of A, A-Aisle, B and B-Aisle seats are limited; please indicate a 2nd choice.

2. PARKING PERMIT

I wish to purchase a Mini-Season Parking Permit for the C1 Lot at Old Cabell Hall or the Permit Lot at MLKPAC for **\$36.00**. *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 provide name, address, phone number and email:

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

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

Cardholder Name 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.