

# 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 (11/16; 2/8; 3/22; 4/26)
- Sundays at 3:30pm, Martin Luther King, Jr. PAC (11/17; 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 <sup>◊</sup>	_____	at <b>\$190.80</b> each =	_____
Section B/B-Aisle <sup>◊</sup>	_____	at <b>\$162.00</b> each =	_____
Section C/C-Aisle	_____	at <b>\$136.80</b> each =	_____
Section D/D-Aisle	_____	at <b>\$104.40</b> each =	_____
Section E/E-Aisle	_____	at <b>\$ 72.00</b> each =	_____
Student/Partial View	_____	at <b>\$ 40.00</b> each =	_____

<sup>◊</sup> 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 **\$48.00**. *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	\$ _____	+
<b>Required Processing Fee</b>	\$ <b>4.00</b>	+
<b>GRAND TOTAL =</b>	\$ _____	

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**.