

Afternoon Spring Soirée

SUNDAY, MAY 7, 2017

YES, I WANT TO JOIN IN CELEBRATION!

_____ SEAT(S) AT \$250*

_____ SEAT(S) AT \$150

_____ UNDERWRITER SEAT(S) AT \$500* *Includes additional donation

ENCLOSED PLEASE FIND \$_____ FOR NUMBER OF PLACES AS INDICATED ABOVE.

PLEASE CHARGE MY CREDIT CARD IN THE AMOUNT OF \$_____.

I/WE CANNOT ATTEND BUT WISH TO MAKE A DONATION OF \$_____.



NAME

ADDRESS

CITY

STATE

ZIP

DAYTIME PHONE

E-MAIL

CREDIT CARD NUMBER

EXP

CVV NUMBER

Your donation, less the value of goods and services received is deductible to the extent allowed by law.

Please RSVP by April 30. Checks are payable to Sherman Chamber Ensemble, P.O. Box 578, Sherman, CT 06784. You may purchase tickets online at www.ShermanChamberEnsemble.org or call (860) 355-5930.

PLEASE LIST GUESTS NAMES ON THE REVERSE. TICKETS WILL BE HELD AT THE DOOR.