

Fort Myers Community Concert Association

(239)-693-4849

For office use:

Same _____
 Different _____
 New _____

For office use:

Number _____

The quality of the programming depends upon the generosity of our members. Please consider contributing at one of the following levels:

Series Underwriter (\$10,000 and above)
 Program Supporter (\$1,000 – \$2,499)
 Patron (\$100- \$249)

Program Sponsor (\$5,000 - \$9,999)
 Contributor (\$500 - \$999)
 Friend (\$50 - \$99)

Program Benefactor (\$2,500 – \$4,999)
 Donor (\$250 - \$499)
 Well-Wisher (\$5 - \$49)

Check should be payable to FORT MYERS COMMUNITY CONCERT ASSOCIATION. Your cancelled check is your receipt.

Membership card(s) will be mailed after November 1st. Please mail membership card(s) to: _____ local or _____ northern address.

If seat(s) in area requested not available: _____ please refund money or _____ assign best available and refund the difference.

RENEWAL(S): Mail by May 1 to guarantee same seat(s).

Same seat(s) _____ or

Different: Preference _____

	Section	How many?	Amount
Renew	Rows A-O <i>Center</i> Orchestra @ \$165	x _____ =	\$ _____
Renew	All other Rows Orchestra @ \$155	x _____ =	\$ _____
Renew	Rows AA-DD Mezzanine @ \$165	x _____ =	\$ _____
Renew	All other Rows Mezzanine @ \$155	x _____ =	\$ _____
Renew	Lower Balcony JJ-RR @ \$ 85	x _____ =	\$ _____
Renew	Upper Balcony SS-ZZ @ \$ 65	x _____ =	\$ _____

NEW MEMBERSHIP(S):

	Section	How many?	Amount
New	Rows A-O <i>Center</i> Orchestra @ \$165	x _____ =	\$ _____
New	All other Rows Orchestra @ \$155	x _____ =	\$ _____
New	Rows AA-DD Mezzanine @ \$165	x _____ =	\$ _____
New	All other Rows Mezzanine @ \$155	x _____ =	\$ _____
New	Lower Balcony JJ-RR @ \$ 85	x _____ =	\$ _____
New	Upper Balcony SS-ZZ @ \$ 65	x _____ =	\$ _____

Tax-deductible contribution \$ _____

TOTAL ENCLOSED \$ _____

Name(s)

Local Address

City State and Zip Code

Phone E-Mail

Northern Address

City State and Zip Code

Phone E-Mail