

Fort Myers Community Concert Association

P.O. Box 606 Fort Myers, FL 33902

For office use:

_____ Same _____
 _____ Different _____
 _____ New _____

mlmannconcerts@aol.com
 239-693-4849

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.

Tickets(s) will be mailed mid-November.

Please mail ticket(s) to: _____ local or _____ northern address.

If seat(s) in area requested are 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

 Name(s)

Different: Preference _____

 Local Address

	Section	How many?	Amount
Renew	Orchestra CENTER A-O@ \$165 each	x _____ =	\$ _____
Renew	Orchestra SIDE - REAR@ \$155 each	x _____ =	\$ _____
Renew	Mezzanine AA-DD@ \$165 each	x _____ =	\$ _____
Renew	Mezzanine EE-HH@ \$155 each	x _____ =	\$ _____
Renew	Lower Balcony JJ-RR @ \$ 85 each	x _____ =	\$ _____
Renew	Upper Balcony SS-ZZ @ \$ 65 each	x _____ =	\$ _____

 City State and Zip Code

 Phone E-Mail

NEW

	Section	How many?	Amount
New	Orchestra CENTER A-O@ \$165 each	x _____ =	\$ _____
New	Orchestra SIDE - REAR@ \$155 each	x _____ =	\$ _____
New	Mezzanine AA-DD@ \$165 each	x _____ =	\$ _____
New	Mezzanine EE-HH@ \$155 each	x _____ =	\$ _____
New	Lower Balcony JJ-RR @ \$ 85 each	x _____ =	\$ _____
New	Upper Balcony SS-ZZ @ \$ 65 each	x _____ =	\$ _____

 Northern Address

 City State and Zip Code

Tax-deductible contribution \$ _____

 Phone

TOTAL ENCLOSED \$ _____