

**The Chamber Music Society of Williamsburg
2018-2019 Season Subscription Form**

Name _____

Mailing Address _____

City _____ State _____ Zip _____ Telephone _____

quantity _____ Email _____

_____ Season Subscriptions (\$90 each) \$ _____
_____ Student Season Subscription (\$30 each) \$ _____

Please make checks payable to: The Chamber Music
Society of Williamsburg and mail to

Contributions/Gift \$ _____

The Chamber Music Society of Williamsburg

Total enclosed \$ _____

P. O. Box 1526
Williamsburg, VA 23187

Contributors are listed in each Program at the following levels:

Associate (\$250 and above)

Patron (\$100 to \$149)

Friend (\$50 to \$99)

Donor (\$150 to \$249)

Supporter (\$1 to \$49)

In the Contributor List in the program, please list my name as: _____

_____ Please do not list my name as a contributor.