

The Chamber Music Society of Williamsburg

2023-2024 Season Subscription Form

Name _____

Mailing Address _____

City _____ State _____ Zip _____ Telephone _____

Email _____

Quantity

_____ Season Subscriptions (\$120/\$30 student) \$ _____

Contribution/Gift \$ _____

Total enclosed \$ _____

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

Mail payment and contribution to:
P. O. Box 1526
Williamsburg, VA 23187
www.chambermusicwilliamsburg.org

Contributors are listed in the mid- and final-season Programs 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.

Artists, dates and venue subject to change. Please note, subscriptions are nonrefundable. Sign _____