

**The Chamber Music Society of Williamsburg
2026-2027 Season Subscription Form**

Name _____

Mailing Address _____

City _____ State _____ Zip _____ Telephone _____

Email _____

Quantity

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

Contribution/Gift \$ _____

Total enclosed \$ _____

Please make check 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 Programs at the following levels:

Patron (\$500 and above)	Friend (\$100 to \$249)
Sponsor (\$250 to \$499)	Supporter (\$10 to \$99)

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

Please do not list my name as a contributor. Please check box if contribution is for the Endowment.

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