



Symphony of the Hills

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2011-2012 Season Funding Levels and Order Form

Includes four (4) classical concerts, Thursday evenings, 7:30 PM Cailloux Theater

FUNDING LEVEL = donation + tickets (+ employer match if applicable). Includes recognition in program and invitation to pre/post concert events. Check appropriate box below to indicate your funding level out of the seven (7) options. (NOTE: Ticket "color" refers to the seating section of same color reflected on the Symphony of the Hills Concert Seating Chart for the Cailloux Theater, see back of 2011-2012 Season Schedule.)

Performance Sponsor - \$10,000 and above
Includes 8 tickets (or less, if desired) of any color, for each concert

Dress Circle - \$4,500 to \$9,999
Includes 4 tickets (or less, if desired) of any color, for each concert

Maestro - \$2,250 to \$4,499
Includes 2 blue tickets or no more than 4 green, yellow, or orange tickets

Soloist - \$1,175 - \$2,249
Includes 2 green tickets or no more than 4 yellow or orange tickets

Concert Master - \$650 - \$1,174
Two yellow, orange tickets or red tickets

Musician - \$230
One yellow or orange ticket, or 2 red tickets

Patron \$100
One red ticket

Special gift of \$_____ to honor or as a memorial to: _____

Please keep my contribution anonymous

Matching Funds available

➡ Total amount remitted: \$_____. The tax deductible portion of your contribution will be acknowledged by mail. (Credit card users, please add 3% to the amount remitted.)

➡ _____ number of season tickets (4 concerts per season ticket) requested up to the limits described above.

➡ Please indicate special seating needs, if any, and seat preferences: _____

Please mail your check, payable to the Symphony of the Hills Assn., Inc. PO Box 2329, Kerrville, TX 78029 together with this form.

Name _____ Spouse's name, if applicable _____

Mailing address _____ City _____ State ____ Zip _____

Tel No. (____) _____ - _____ email _____

Credit Card Visa / Mastercard (circle one) no.: _____ - _____ - _____ - _____ Exp Date _____

Billing Address _____ City _____ State ____ Zip _____

Authorized name (please print) _____ Signature _____

Name(s) you wish printed in the Concert Program acknowledgement: _____

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