

2017-18 thursday morning coffee concerts subscription order form

Office Use Only

Date: _____

CRM#: _____

Name: _____

of Seats

_____ Series A	Thu	\$220	=	\$ _____
_____ Series B		\$150	=	\$ _____
_____ Series C		\$85	=	\$ _____

handling fee + \$ 10.00

subscription total = \$ _____

additional single tickets total (from page 26) + \$ _____¹⁺²

Please consider a tax-deductible contribution to support jazz education + \$ _____

\$50 \$100 \$250 \$500 other

I'd like to join the Barbara Rose Society with a gift of \$1,500

grand total due = \$ _____

zone preference

(please select a zone rather than a specific table; see seating chart)

1st choice _____ 2nd choice _____

3rd choice _____ 4th choice _____

contact information

name(s) _____

address _____

city _____

state _____

zip _____

phone (home) preferred _____

phone (cell) preferred _____

email #1 _____

email #2 _____

If you share your subscription with a friend, please note their name and contact information below so that we can be in touch about show info and gather feedback on their experience.

name _____

email _____

payment

Check made payable to Jazz St. Louis

Please charge my: MasterCard VISA American Express Discover

account number _____

security code _____

expiration date _____

signature _____

billing zip code _____

mail completed order form to: Jazz St. Louis, Attn: Box Office,
3536 Washington Ave., St. Louis, MO 63103 **or fax to:** 314.571.6004

Questions? Call 314.571.6000

¹⁺² Please transfer totals from page 26 and attach as appropriate.