

CERDORION VOCAL ENSEMBLE SUBSCRIPTION TICKET ORDER FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ (evening) _____

Email _____

Please indicate the number of subscriptions that you would like to purchase:

_____ Season subscriptions (three concerts) @ \$50 = \$ _____

Tax-deductible contribution to Cerddorion \$ _____

TOTAL ENCLOSED \$ _____

Ticket sales cover only a portion of the operating expenses of Cerddorion. Please consider making a tax-deductible donation and being acknowledged in our concert programs. (Please enclose your company's matching gift form, if applicable.) Make checks payable to Cerddorion NYC, Inc. and mail to P.O. Box 946 Village Station, New York, NY 10014-0946.