

IntimateVoices

chamber music in an intimate setting

2017-2018 Saturday Evening Concert Series Ticket Information and Order Form

all concerts at:

CSAIR, 475 West 250th St at Henry Hudson Parkway East, Bronx NY 10471

free parking, accessible by public transportation, handicapped accessible

for directions and more information:

www.intimatevoices.org · info@intimatevoices.org

or call the CSAIR office at 718 543-8400



Conservative Synagogue Adath Israel of Riverdale

Music-for-the-Community Package \$120 x ____ = \$ _____

includes 1 subscription to our 3-concert series, plus a \$50 donation (tax-deductible to extent permissible by law) to help underwrite our Community Outreach Programs, bringing classical music to area rehab/nursing facilities and also featuring our free sensory/autism-friendly programs for all families and for special-needs schoolchildren.

3-Concert Series Subscription \$70 x ____ = \$ _____

Individual Concert Series Tickets

\$30, \$25 senior, \$15 student or under-30

Sat. Nov. 11, 2017 8:00pm	adult	\$30	x ____	= \$ _____
	senior	\$25	x ____	= \$ _____
	student or under-30	\$15	x ____	= \$ _____
Sat. Jan. 20, 2018 8:00pm	adult	\$30	x ____	= \$ _____
	senior	\$25	x ____	= \$ _____
	student or under-30	\$15	x ____	= \$ _____
Sat. Mar. 3, 2018 8:00pm	adult	\$30	x ____	= \$ _____
	senior	\$25	x ____	= \$ _____
	student or under-30	\$15	x ____	= \$ _____

Friend of IntimateVoices donation (tax-deductible to extent permissible by law) = \$ _____

Total = \$ _____

We thank you for your support and would be pleased to acknowledge donations in our programs. How would you like your name(s) to be listed? _____

I will pick up my tickets at the door ____ OR I will pick up my tickets at the CSAIR office ____

I have enclosed a check payable to CSAIR ____ OR Please charge my: Visa ____ MasterCard ____

Name _____ Signature _____

Card # _____ Expiration date _____ Security Code _____

Address _____

Yes, please add me/us to the mailing list:

name(s): _____

email address(es): _____

postal address: _____

MAIL TO: CSAIR, 475 W. 250th St., Bronx, NY 10471 · FAX TO: 718 543-3110