



Choral Society of the Hamptons
P.O. Box 1031
Bridgehampton, NY 11932
Tel. 631-204-9402

Please print this form.
Fill it out and send it
with your payment.

BILLING INFORMATION

Name _____
Mailing Address _____
City _____
State _____ Zip Code _____
Phone _____
Email _____

I would like to receive periodic updates and information from The Choral Society.

Yes

No

TICKET INFORMATION

Preferred Seating \$50.00 Qty: _____ = \$ _____
Adults \$25.00 Qty: _____ = \$ _____
Youths (under 18) \$10.00 Qty: _____ = \$ _____
(+suggested contribution of \$10) _____ = \$ _____

Total = \$ _____

DONATION INFORMATION

If you would like to make a donation, please fill out the following information.

- Impresarios: \$10,000
- Patron: \$1,000
- Sponsor: \$100
- Angel: \$5,000
- Underwriter: \$500
- Friend of the Chorus: \$25
- Champion: \$2,500
- Benefactor: \$250
- Other amount \$ _____

SHIPPING INFORMATION

If other than the address above. Tickets will be shipped free of charge.
Tickets purchased within one week of the performance will be held at the door.
Ship to my billing address (above).

Name _____
Mailing Address _____
City _____
State _____
Zip Code _____

PAYMENT METHOD

There are two ways to complete payment:

1 Check or Money Order

Please print this form, complete and send it with your payment. You will receive a confirmation.

2 Credit Card Please fill out the information below:

Card Type _____
Card # _____
Exp. Date _____
Month _____ Year _____
Card Verification # _____
Name on Card _____