



Jamestown Concert Association

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Notes: _____

	How Many?	Price	Total
<input type="checkbox"/> Adult	_____	@ \$95 each	_____
<input type="checkbox"/> Senior	_____	@ \$80 each	_____
<input type="checkbox"/> Patron (<i>\$45 Tax Deduction</i>)	_____	@ \$125 each	_____
<input type="checkbox"/> Sponsor – 2 Season Passes (<i>\$90 Tax Deduction</i>)		\$250	_____
<input type="checkbox"/> Benefactor – 4 Season Passes (<i>\$180 Tax Deduction</i>)		\$500	_____
<input type="checkbox"/> Sustainer – 4 Season Passes (<i>\$340 Tax Deduction</i>)		\$750	_____
Additional Contribution (Thank You!) (<i>All Tax Deductible</i>)			_____
Total:			_____

Make checks payable to:

The Jamestown Concert Association

Mail to:

**The Jamestown Concert Association
315 North Main Street, Suite 200
Jamestown, NY 14701**