

PATRON MEMBERSHIP FORM

**If you are not currently an SSO Patron,
please consider becoming one today!**

\$ _____ **Diamond Partner (\$10,000 +)**

Name listed in Concert Program
4 SSO Concert Season subscriptions

\$ _____ **Platinum Partner (\$5,000 - \$9,999)**

Name listed in Concert Program
2 SSO Concert Season subscriptions

\$ _____ **Gold Partner (\$2,500 - \$4,999)**

Name listed in Concert Program
2 SSO Concert Season subscriptions

\$ _____ **Conductor's Circle (\$1,000 - \$2,499)**

Name listed in Concert Program
2 SSO Concert Season subscriptions

\$ _____ **Player's Circle (\$500 - \$999)**

Name listed in Concert Program

\$ _____ **Benefactor (\$250 - \$499)**

Name listed in Concert Program

\$ _____ **Friend (\$100 - \$249)**

Name listed in Concert Program

Regular Prices

**December, March
and May concerts:**

\$20 adults, \$15 seniors,
\$5 SU faculty/staff
and children 12 and under

Season Subscriptions (includes tickets to December, March and May concerts)

\$50 Adults _____ **Quantity** **\$35 Seniors** _____ **Quantity**

Please choose one of the following:

☐ My check in the amount of \$ _____ is enclosed.

Please make all checks payable to
Salisbury Symphony Orchestra.

☐ I would like to pay \$ _____ by credit card.

Choose one: ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

CARD NUMBER

EXPIRATION DATE

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SIGNATURE

THREE-DIGIT SECURITY NUMBER (FROM BACK OF CARD)

Please detach this portion of the brochure and return to:

Salisbury University Foundation, Inc.

P. O. Box 2655, Salisbury, Maryland 21802-2655

Tickets are mailed to the address indicated on this form.

NAME

ADDRESS

PHONE

E-MAIL