

HERSHEY SYMPHONY GALA

Please RSVP by March 10

Name: _____

Address**: _____

Phone: _____

Email: _____

I am a Hershey Symphony Patron/Season Subscriber*

(*Receive 1 discounted Gala ticket with each set of 4 season tickets. Our gift to you!)

___ # tables for 10 people at \$850 per table \$_____

___ # tables for 8 people at \$680 per table \$_____

___ # individual tickets at \$95 per person \$_____

___ # discounted Patron/Subscriber at \$85 per person* \$_____

Check #_____ payable to Hershey Symphony enclosed

Charge my MC/Visa #_____

I cannot attend. Please accept my tax deductible gift in the amount of
\$_____ to support the Hershey Symphony.

**Our bank requires the billing address on all credit card orders. If your billing address is different than the address shown above, please provide your billing address on the back of this form.