

# Sacramento Community Concert Association

P.O. Box 254825 • Sacramento, CA 95865 • Phone (916) 974-1357 • Fax (916) 481-7174

## Season Ticket Price for 3 Remaining Concerts

Name:		Phone: ( ____ )	
Address:	City:	State:	Zip:
<b>Yes, I want to purchase:</b>			
_____ # of Adults at \$64.00 each and / or _____ # of Students at \$29.00 each		=	\$
		Handling Fee:	+ \$ 2.00
I also wish to help support the non-profit association with a tax deductible donation of:		+ \$	
Check enclosed (payable to Sacramento Community Concert Association):		<b>TOTAL =</b>	\$
Charge my: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard #		Expiration Date:	
Signature: <b>X</b>		Tickets will be mailed to you in the first week of September.	