



BENJAMIN BRITTEN
A MIDSUMMER NIGHT'S DREAM
MARCH 27, 29, 30 - APRIL 3, 5, 6
Ticket Order Form

Donation level (please check one)

- Masters' Circle (\$2,000) Conductor's Circle (\$1,000) Benefactor (\$500) Sponsor (\$200) Friend (\$100) Donor (\$60)

Preferred performance date _____

N.B.: Premium seats are located in the first four rows of the audience. Tickets may not be available for the performance you have indicated.

Please indicate alternate performance dates: (2nd choice) _____ (3rd choice) _____

Additional tickets

Regular (\$20) x _____

Student/Senior (\$12) x _____

Subtotal: \$ _____

Donation level: \$ _____ (checked above)

+ \$5.00 processing fee

Total amount: \$ _____

I cannot attend, but I enclose my donation of \$ _____ to support this year's production.

Please indicate method of payment:

MasterCard VISA American Express Check

N.B.: Please make checks payable to "Lowell House Opera Society."

Credit Card No. _____ Exp. date _____

Signature: _____

Name: _____

Address: _____

Phone: (home) _____ (mobile) _____

Email: _____

Name as it should appear in the program: _____

for office use only:

OPER:	DATE:
PN:	
SEATS:	