

Intimate Voices

Ticket Information and Ordering Form

all events at

The Conservative Synagogue Adath Israel of Riverdale
475 West 250th St at Henry Hudson Parkway East
Bronx NY 10471

free parking, accessible by public transportation, handicapped accessible
for directions and more information: www.csair.org/chambermusic
 or call the CSAIR office, 718 543-8400

Support Music for Kids! Package \$180 x ___ = \$ _____

includes two Saturday evening three-concert subscriptions, plus a \$60 donation (tax-deductible to extent permissible by law) to support the Sunday Family Programs. With each package, two tickets to each Family Program concert will be donated to local schools and organizations.

3-Concert Subscriptions / Saturday Evenings \$60 x ___ = \$ _____

Individual Tickets / Saturday Evenings

Individual tickets for the first Saturday evening concert (Nov-7) may be credited toward a subscription

Sat. Nov. 7, 2009	adult	\$25	x	___	=	\$	_____
8:00 pm	senior	\$22	x	___	=	\$	_____
	student	\$15	x	___	=	\$	_____
Sat. Jan. 9, 2010	adult	\$25	x	___	=	\$	_____
8:00 pm	senior	\$22	x	___	=	\$	_____
	student	\$15	x	___	=	\$	_____
Sat. Mar. 6, 2010	adult	\$25	x	___	=	\$	_____
8:00 pm	senior	\$22	x	___	=	\$	_____
	student	\$15	x	___	=	\$	_____

Individual Tickets / Sunday Family Programs

Sun. Nov. 8, 2009	child	\$5	x	___	=	\$	_____
2:00-300 pm	adult	\$10	x	___	=	\$	_____
	senior	\$5	x	___	=	\$	_____
Sun. Mar. 7, 2010	child	\$5	x	___	=	\$	_____
2:00-300 pm	adult	\$10	x	___	=	\$	_____
	senior	\$5	x	___	=	\$	_____

Friend of *IntimateVoices* donation = \$ _____

(tax-deductible to extent permissible by law)

Total = \$ _____

I will pick up at the door _____

I will pick up at the CSAIR office _____

I have enclosed a check payable to CSAIR _____

Charge my: Mastercard ___ Visa ___

Name _____ Card# _____

Signature _____ Expiration date _____



Yes, please add me to the mailing list:

email: _____

address: _____



Mail to: *IntimateVoices* Chamber Concerts, CSAIR, 475 West 250th Street, Bronx, NY 10471