

IntimateVoices

2011-2012 Ticket Information and Order Form

Concerts 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.intimatevoices.org • info@intimatevoices.org

or call the CSAIR office at 718 543-8400

Music-for-the-Community Package

\$180 x ___ = \$ _____

includes 2 subscriptions to our 3-concert Saturday evening series, plus a \$60 donation (tax-deductible to extent permissible by law) to help underwrite the Sunday Family Programs, as well as programs bringing music to those in the community who are not able to come to our home at CSAIR.

3-Concert Subscription / Saturday Evenings

\$60 x ___ = \$ _____

Individual Tickets / Saturday Evenings

\$25, \$22 senior, \$15 student/under 30

Sat. Nov. 12, 2011	8:00pm	adult	\$25	x ___	= \$ _____
		senior	\$22	x ___	= \$ _____
		student/under 30	\$15	x ___	= \$ _____
Sat. Jan. 21, 2012	8:00pm	adult	\$25	x ___	= \$ _____
		senior	\$22	x ___	= \$ _____
		student/under 30	\$15	x ___	= \$ _____
Sat. Mar. 10, 2012	8:00pm	adult	\$25	x ___	= \$ _____
		senior	\$22	x ___	= \$ _____
		student/under 30	\$15	x ___	= \$ _____

Individual Tickets / Sunday Family Programs

\$5 (free for adults accompanied by a child!)

Sun. Nov. 13, 2011	2:00-3:00pm	\$5	x ___	= \$ _____
Sun. Jan. 22, 2012	2:00-3:00pm	\$5	x ___	= \$ _____

Friend of IntimateVoices donation

(tax-deductible to extent permissible by law)

\$ _____

Total

\$ _____

I will pick up my tickets at the door _____ **or**

I will pick up my tickets at the CSAIR office _____

I have enclosed a check payable to CSAIR _____ **or**

Charge my: Visa ___ MasterCard ___

Name _____

Card# _____

Signature _____

Expiration date _____

Yes, please add me to the mailing list:

name: _____

email address: _____

postal address: _____



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