

2004-2005 Oneida Area Arts Season Ticket Order Form

Your name _____

Your address _____

Your phone number _____

Season Ticket Prices: (Remember: 1 season ticket = 5 great shows)

Rows A through L = \$60 per seat

Rows M - AA = \$50 per seat

_____ I wish to keep my current seats

_____ I require handicap seating

(NOTE: Current subscribers' seats will be held until August 1, 2004. If we have not received an order form and payment by then, your seats may be assigned to someone else)

_____ I wish to upgrade my current seats (I prefer ___ left ___ center ___ right)

_____ I am a new subscriber (I prefer ___ left ___ center ___ right)

Contributions to the Oneida Area Arts Council (are tax deductible)

_____ I want to be an underwriter (please call me at _____)

_____ I want to be a benefactor (contribution of \$300-499)

_____ I want to be a sponsor (contribution of \$200-299)

_____ I want to be a patron (contribution of \$100-199)

_____ I want to be a friend (contribution of \$26-99)

_____ I want to provide _____ Arts With a Heart ticket(s) to those who would otherwise be unable to attend (\$25 each)

Payment total (please make check payable to Oneida Area Arts Council)

I want to order _____ season tickets @ _____ each, for a total of \$ _____

My tax deductible contribution to Oneida Area Arts Council = \$ _____

Total = \$ _____

Please return this form and payment to: Oneida Area Arts Council, PO Box 51, Oneida NY 13421
Questions? Call 363-7421 or e-mail us at: oaac13421@hotmail.com