

## SUBSCRIPTIONS

	QUANTITY				
Composer Portraits (8 concerts)	_____	x	\$160	=	\$ _____
Composer Portraits (5 concerts)*	_____	x	\$100	=	\$ _____
*Select five concerts: 10/17 11/7 11/17 11/22 2/5 2/25 3/5 4/1					
Early Music	_____	x	\$144	=	\$ _____
Bach and the Baroque	_____	x	\$84	=	\$ _____
Jazz (5 concerts)	_____	x	\$100	=	\$ _____
Jazz (3 concerts)*	_____	x	\$60	=	\$ _____
*Select three concerts: 10/9 10/24 12/11 2/12 2/26					
<b>SUBTOTAL</b>					\$ _____

## SINGLE TICKETS

Event Name	Event Date	Quantity	Price	Total	
_____	_____	_____ x	_____	= \$ _____	
_____	_____	_____ x	_____	= \$ _____	
_____	_____	_____ x	_____	= \$ _____	
_____	_____	_____ x	_____	= \$ _____	
<i>To order tickets to additional events, please attach a separate sheet to your order form.</i>					
<b>SUBTOTAL</b>					\$ _____

## TOTAL

Yes! I would like to support Miller Theatre! Enclosed is my tax-deductible gift of:

\$100  
  \$250  
  \$500  
  \$1,000  
  \$2500  
  Other \_\_\_\_\_

**CONTRIBUTION** \$ \_\_\_\_\_

**TOTAL ENCLOSED** \$ \_\_\_\_\_

## PAYMENT

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

E-mail \_\_\_\_\_

Enclosed is my check payable to: Miller Theatre at Columbia University

Or charge to my  American Express  Visa  MasterCard

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

*All Miller Theatre events are reserved seating. Please indicate any seating preference on your order form.*