FOLGER CONSORT

2014/15 Season

1. PROVIDE YOUR CONTACT INFORMATION

Name _____ Phone (day) _____

Address _____ Phone (night) _____

_____ E-mail _____

Receive e-mail reminders prior to your ticketed performances and updates on other Folger programs. Folger Consort does not sell or trade your e-mail address

City _____ State _____ Zip _____

2. CHOOSE YOUR 5-CONCERT SUBSCRIPTION

PERFORMANCE DAY/TIME:

❍ **Fridays at 8pm** *with pre-concert discussions*
❍ **Saturdays at 5pm** *includes Saturday, 1/10, 8pm at the Cathedral*
❍ **Saturdays at 8pm** *includes Saturday, 1/10, 8pm at the Cathedral*
❍ **Sundays at 2pm** *includes Friday, 1/9, 8pm at the Cathedral*
All subscribers attend Merchant of Venice ***Fri 2/27 at 8pm***

SEATING PREFERENCES:

At the Folger, I wish to be seated in the: ❍ Orchestra ❍ Balcony *(only accessible by stairs)*
At the Cathedral, I wish to be seated in the: ❍ Front Nave ❍ Front Transept

Notes: _____

TICKET DELIVERY METHOD: (Unless otherwise noted, tickets will be mailed to you)
❍ Mail my tickets at no extra charge ❍ Hold my tickets at the box office **# of Seats** _____ x $185 $_____

3. ADD EARLY MUSIC SEMINARS & TICKETS FOR FRIENDS

Three Early Music Seminars (*Wednesdays at 6pm, 9/24, 12/17, 4/8*)	**# of Seats**	_____	x $30	$_____
Bring friends to the Christmas concert at a subscriber-only rate	**# of Seats**	_____	x $40	$_____
Bring friends to the January concert at the Cathedral at a subscriber-only rate	**# of Seats**	_____	x $40	$_____
Bring friends to the February concert at the Strathmore at a subscriber-only rate	**# of Seats**	_____	x $45	$_____

4. SUPPORT FOLGER CONSORT

Join the Friends of the Folger
Complement your subscription with a membership and help make Folger Consort programming possible. Members enjoy discounts, exclusive programs, and behind-the-scenes events. Call 202.675.0359 or visit **www.folger.edu/friends** for more information about the Friends of the Folger benefits and tax-deductibility.

❍ Individual $75 ❍ Dual/Family $100 ❍ Sustainer $250 ❍ Patron $500 ❍ Supporter $1,000 **Membership** $_____

❍ Instead of joining as a member, I wish to support Folger Consort with a fully tax-deductible gift. **Gift** $_____

5. TOTAL YOUR PAYMENT

Subscription Processing Fee $ **5.00**

TOTAL $_____

6. CHOOSE YOUR PAYMENT METHOD

❍ **Enclosed is my check made payable to Folger Consort.**

❍ **Charge my:** ❍ **Visa** ❍ **MasterCard** ❍ **American Express**

Credit Card #_____ **Exp. Date**_____

Signature_____

7. PLACE YOUR ORDER

By Mail:
Folger Box Office
201 East Capitol Street, SE
Washington, DC 20003

Online: www.folger.edu/consortsub
By Phone: 202.544.7077
By Fax: 202.544.7520

In Person:
Visit the Box Office
Mon–Sat, noon–5pm

Folger SHAKESPEARE LIBRARY
Advancing knowledge & the arts

— Programs and dates subject to change —

For office use only:

Rec#: _____ Recd: _____ Confm: _____ Entd: _____

App: _____ Sts: _____