

CAPITAL REGION CLASSICAL
50th Anniversary Celebration
Honorary Committee Response Form

*Please return this form by November 19, 2021 to be listed in the program.
Full Vaccination or negative PCR test within 72 hours required to attend.*

Name(s) _____
Your name(s) will appear as written here

Address _____

Email _____ Phone _____

I wish to support Capital Region Classical's 50th Anniversary Celebration at the following level (in honor of Chopin):

GEORGE SAND \$1,500 per person x _____ people = Total of \$_____

*Backstage champagne toast with Emanuel Ax, limited priority concert seating (\$200),
post-concert dinner, our signature BenGable thyme shortbread*

FRANZ LISZT \$700 per person x _____ people = Total of \$_____

Priority concert seating (\$100), post-concert dinner, our signature BenGable thyme shortbread

CAMILE PLEYEL \$400 per person x _____ people = Total of \$_____

General Admission seating (\$50), post-concert dinner, our signature BenGable thyme shortbread

I am unable to attend the event but wish to include a \$_____ gift.

A check for \$_____ is enclosed.

Please charge \$_____ to my credit card (AMEX, VISA, MC, DISCOVER).

Card# _____

Exp _____ Code _____

Signature _____

Date _____

Please complete this form and return by November 19, 2021

*Capital Region Classical
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(518) 941-4331, mail@capitalregionclassical.org*