

CAPITAL REGION CLASSICAL
2024 Spring Benefit
Honorary Committee Response Form

Please return this form by May 1, 2024 to be listed in the program.

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

Address _____

Email _____ Phone _____

I wish to support Capital Region Classical's 2024 Spring Benefit at the following level (in honor of legendary pianists):

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

Complimentary concert ticket and priority concert seating, pre-concert dinner, post-concert champagne toast with artist backstage, summer reception at Derek's Old Chatham house, Benefit program listing (\$1,350 tax-deductible)

DE LARROCHA \$750 per person x _____ people = Total of \$ _____

Complimentary concert ticket and priority concert seating, pre-concert dinner, summer reception at Derek's Old Chatham house, Benefit program listing (\$600 tax-deductible)

SCHNABEL \$500 per person x _____ people = Total of \$ _____

Complimentary concert ticket and priority concert seating, pre-concert dinner, Benefit program listing (\$350 tax-deductible)

I am unable to attend the event but wish to include a \$ _____ gift in support of the 50th Anniversary Campaign.

A check for \$ _____ is enclosed.

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

Card# _____ Exp _____ Code _____

Print Name _____ Date _____

Please complete this form and return by May 1, 2024

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