

Subscribe to the ACO 2012 Chamber Series

NAME _____

Seating at the Vero Beach
Museum of Art is open.

Winter Address: ___ Check if this is your billing address

Address: _____

City: _____ State: ___ Zip Code: _____

Telephone _____ Cell _____

Summer Address: ___ Check if this is your billing address

Address: _____

City: _____ State: ___ Zip Code: _____

Telephone _____ Cell _____

Email Address: _____

(Please add/keep me on your email list)

_____ Chamber Subscriptions **\$100** (\$75 if VBMA member) x \$ _____ =

Stage

\$ _____

Annual Fund Donation (See NEW donor benefits on pp 6-7)

Name as it is to appear in the program: _____

\$ _____

Handling Charge

\$ 5.00

ORDER TOTAL

\$ _____

Payment Method:

___ **Check:** Please make payable to "Atlantic Classical Orchestra"

___ **Credit Card Information:** (circle one) ___ MasterCard ___ Visa

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____/20___ Signed _____

Name as it appears on the card: _____

Send completed order
with payment to:

Atlantic Classical Orchestra
415 Avenue A, Suite 305
Fort Pierce, FL 34950

772-460-0850

772-460-0851 fax