

2010/2011 SUBSCRIPTION ORDER FORM

Please circle the appropriate amount: [prices include GST]

	•••		•	
Full Season, seniors (65+) \$ 90 \$ 102 x = Donation* TOTAL *The ECMS is a registered charitable organization. Receipts will be sent for tax deduction. Thank you! Please check the appropriate box: The ECMS may acknowledge my donation on its donors' list I wish my donation to remain anonymous Name Address City/Postal code Tel Email PAYMENT METHOD Cheque enclosed VISA MasterCard Name on card Card number Expiry date Signature		Before July 15	After July 15	Subtotal
*The ECMS is a registered charitable organization. Receipts will be sent for tax deduction. Thank you! Please check the appropriate box: The ECMS may acknowledge my donation on its donors' list I wish my donation to remain anonymous Name Address City/Postal code Tel Email PAYMENT METHOD Cheque enclosed VISA MasterCard Name on card Card number Expiry date Signature	Full Season, adult	\$135	\$153	x =
*The ECMS is a registered charitable organization. Receipts will be sent for tax deduction. Thank you! Please check the appropriate box: The ECMS may acknowledge my donation on its donors' list I wish my donation to remain anonymous Name Address City/Postal code Tel Email PAYMENT METHOD Cheque enclosed VISA MasterCard Name on card Card number Expiry date Signature	Full Season, seniors (65+)	\$ 90	\$102	x =
The ECMS is a registered charitable organization. Receipts will be sent for tax deduction. Thank you! Please check the appropriate box: The ECMS may acknowledge my donation on its donors' list I wish my donation to remain anonymous Name Address City/Postal code Tel Email PAYMENT METHOD Cheque enclosed VISA MasterCard Name on card Card number Expiry date Signature	Donation			
Please check the appropriate box: The ECMS may acknowledge my donation on its donors' list I wish my donation to remain anonymous Name Address City/Postal code Email PAYMENT METHOD Cheque enclosed VISA MasterCard Name on card Expiry date Signature				TOTAL
The ECMS may acknowledge my donation on its donors' list I wish my donation to remain anonymous Name Address City/Postal code Tel Email PAYMENT METHOD Cheque enclosed VISA MasterCard Name on card Card number Expiry date Signature	*The ECMS is a registered	charitable organiz	zation. Receipts will b	e sent for tax deduction. Thank you!
I wish my donation to remain anonymous Name	Please check the a	appropriate box:		
NameAddress	The ECMS m	ay acknowledge m	ny donation on its doi	nors' list
Address City/Postal code TelEmail PAYMENT METHOD Cheque enclosed VISA MasterCard Name on card Card number Expiry date Signature	I wish my do	nation to remain a	anonymous	
City/Postal code Tel Email PAYMENT METHOD Cheque enclosed VISA MasterCard Name on card Card number Expiry date Signature	Name			
City/Postal code Tel Email PAYMENT METHOD Cheque enclosed VISA MasterCard Name on card Card number Expiry date Signature	Address			
PAYMENT METHOD Cheque enclosed VISA MasterCard Name on card Expiry date Signature				
Cheque enclosed VISA MasterCard Name on card Card number Expiry date Signature				
Name on card Card number Expiry date Signature	PAYMENT METHOD			
Card number Expiry date Signature	Cheque enclosed		VISA _	MasterCard
Signature	Name on card			
	Card number		Expiry date	
	Signature			

Edmonton Chamber Music Society Box 60354, U of A Postal Outlet Edmonton, AB T6G 2S6