GREENVILLE SYMPHONY ORCHESTRA

Complete this form or C	ali 864-46/-30	JUU! 9:30am - 5	:30pm weekdays	
Mail to: The Peace Center	Box Office · 101 Wes	st Broad Street, Gre	enville, SC 29601	
STEP 1 Complete	the following (ple	ease print)		
FULL NAME				
MAILING ADDRESS*				
CITY*		STATE*	ZIP*	
PHONE	E-MAIL*			
STEP 2 Choose yo	our subscription(s)			
MASTERWORKS SE				
	# of Subscr	riptions x \$	= \$	
CHAMBER SERIES -	# of Subscr	riptions x \$	= \$	
STEP 3 Add-on to	your Masterworks	or Chamber Ser	ies Subscription	
HOLIDAY AT PEAC	E □ Friday	□ Saturday	□ Sunday	
	# of Tickets			
☐ Child _	# of Tickets	s x \$	= \$	
STEP 4 Peace Cente	er Service Fees			
	+ \$12 per series = \$			
	+ 10% of Ho	oliday at Peace to	otal_= \$	
STEP 5 Yes! I want	to help sustain the	Greenville Symp	phony Orchestra	
Make your Annual Fund carries beyond the Cond programs reaching mor you'll enjoy exclusive be concert experience. For click on SUPPORT. Than	cert Hall, with in-sc e than 25,000 indiv enefits and special a list of benefits, vi k you for your gene	hool education a iduals annually. access to enhan isit greenvillesyn erous support.	and community As a donor, ce your GSO nphony.org and	
STEP 6 Total			¢	
Total (Add Steps 2–5).			φ	
To pay by credit card ☐ Visa ☐ Mastercard	I DAMEY DI	Discover		
CARD NUMBER		EXP*	CVV	
SIGNATURE				
NAME AS IT APPEARS O	N CARD			

 \square Full payment enclosed (make check payable to The Peace Center)