

# CMW PRESENTS

# TICKET ORDER FORM



Return order to cast member



Lakeshore High School Community Auditorium, Stevensville, MI

I bought my tickets from cast member \_\_\_\_\_ (if known)

PO Box 69  
Stevensville, MI 49127  
269-422-2930  
www.cmwonline.org

**Name: Last** \_\_\_\_\_ **First** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email:** (You will be added to CMW database & receive upcoming event info) \_\_\_\_\_

	<b>HOW MANY TICKETS? (TOTAL BELOW)</b>		<b>TOTAL</b>	
<b>April 12, 2019</b> Friday 7 pm	Adult # ____ @ \$10 Student/Senior # ____ @ \$6		<b>Total Tickets Friday</b> \$ _____	
<b>April 13, 2019</b> Saturday 7 pm	Adult # ____ @ \$10 Student/Senior # ____ @ \$6		<b>+ Total Tickets Saturday</b> \$ _____	
<b>April 14, 2019</b> Sunday 3 pm	Adult # ____ @ \$10 Student/Senior # ____ @ \$6		<b>+ Total Tickets Sunday</b> \$ _____	
			-	<b>GRAND TOTAL</b> = \$ _____

## METHOD OF PAYMENT

CHECK \_\_\_\_\_ CASH \_\_\_\_\_

I authorize CMW to charge my: Visa  MasterCard  in the amount of \$ \_\_\_\_\_

(A surcharge of 2.75% will be charged to all credit card orders)

**Account Number**   

CVV# (3 digit # on back of card) required to process card.   

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Name of Cardholder: Please print \_\_\_\_\_

Billing City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

### Please donate to Children's Music Workshop (CMW):

CMW is a 501 (c)(3) non-profit organization. Donations are tax deductible and may be paid by credit card. Your donation helps children continue to learn about and appreciate the arts.

**Donation:** \$5.00 \_\_\_\_\_ \$10.00 \_\_\_\_\_ \$20.00 \_\_\_\_\_ Other \_\_\_\_\_

Please include donation amount in Grand Total above. Thank you.