

YOUR TICKET to an extraordinary season

Mail orders along with your payment to:
 Ives Quartet, P.O. Box 60464, Palo Alto, CA 94306-0464
 Season tickets may also be purchased by calling 650.224.7849.
 Programs subject to change.

General	#	price ea	total
Single Concert tickets St. Mark's & Le Petit Trianon	<input type="text"/>	x \$25 = \$	<input type="text"/>
Single Concert tickets *First Congregational Church, April 29, 4PM	<input type="text"/>	x \$15 = \$	<input type="text"/>
3 Concert Flex Pass	<input type="text"/>	x \$60= \$	<input type="text"/>
Seniors			
Single Concert tickets St. Mark's & Le Petit Trianon	<input type="text"/>	x \$20 = \$	<input type="text"/>
Single Concert tickets *First Congregational Church, April 29, 4PM	<input type="text"/>	x \$10 = \$	<input type="text"/>
3 Concert Flex Pass	<input type="text"/>	x \$45 = \$	<input type="text"/>
Students			
Single Concert tickets St. Mark's & Le Petit Trianon	<input type="text"/>	x \$15 = \$	<input type="text"/>
Single Concert tickets *First Congregational Church, April 29, 4PM	<input type="text"/>	x \$10 = \$	<input type="text"/>
3 Concert Flex Pass	<input type="text"/>	x \$30 = \$	<input type="text"/>
Salon Concert 1: Sunday, September 18, 2011, 4PM			
without Flex Pass	<input type="text"/>	x \$40 = \$	<input type="text"/>
with flex pass	<input type="text"/>	x \$30 = \$	<input type="text"/>
Salon Concert 2: Sunday, November 20, 2011, 4PM			
without Flex Pass	<input type="text"/>	x \$40 = \$	<input type="text"/>
with flex pass	<input type="text"/>	x \$30 = \$	<input type="text"/>
Salon Concert 1: Sunday, March 4, 2012, 4PM			
without Flex Pass	<input type="text"/>	x \$40 = \$	<input type="text"/>
with flex pass	<input type="text"/>	x \$30 = \$	<input type="text"/>
Thank you for your 2011/2012 Ives Quartet Tax-deductible Donation			<input type="text"/>
TOTAL			<input type="text"/>
*venue discount			<input type="text"/>

Live concerts are priceless! Ticket sales only cover a small portion of what it takes to deliver world-class concerts. Please help support our programming and donate to the Ives Quartet today. *Thank you.*

Contact Information

name(s) _____
 address _____
 city _____ state _____ zip _____
 phone: day/evening _____
 email (please include for Ives Quartet paperless special offers and alerts) _____
 donor name(s) for listing in concert programs _____
 company matching program _____
 Check payable to Ives Quartet enclosed (preferred)
 Visa Mastercard # _____
 Exp month/year _____ signature as it appears on your credit card