

2007/2008 Choose 3 Order Form

Mr. Miss Mrs. Ms.
 Mr. & Mrs. Dr. Dr. & Mrs. Dr. & Mr.

Name _____

Street _____

City/State/Zip _____

Telephone (home) _____ Telephone (work) _____ E-mail _____

For information on performance dates and times, please visit kimmelcenter.org

Event	Date and Time	2nd Seating Choice	# of Seats	Cost per Seat	Total

Subtotal:	
Please add parking for my events. Number of events _____ X \$17	
Handling Charge:	\$12.00
<input type="checkbox"/> Donation: Become a Member! Give a gift of \$100 or more and support the ongoing artistic and educational mission of the Kimmel Center.	
Grand Total	

Do you have a special seating need? _____



Check here for wheelchair seating.

Payment: Check

(Payable to Kimmel Center, Inc.)

Credit Card



Visa
 MasterCard
 Discover

Number _____ Expiration Date _____

Signature (as on card) _____ Note: all charges will appear as **TICKET PHILADELPHIA.**

Mail orders must be received 10 days prior to the first performance.

No refunds – all subscription sales are final. Your credit card statement will be your order confirmation. Your tickets will be mailed to you in mid-August.

MAIL TO:

**Kimmel Center Presents Choose 3
 Ticket Philadelphia
 1420 Locust Street
 Suite 320
 Philadelphia, PA 19102
 Fax: 215.893.1833
 Call: 215.893.1999**