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(Check the contributor level and enter the amount of your donation.)

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Handling fee \$2.00

Total: (Tickets, Handling fee and Contributing Membership) \$ _____

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_____ Please charge my credit card. _____ Visa _____ MasterCard

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Signature _____

Print this form and mail it to:

Carolina Chamber Symphony, P. O. Box 20954, Winston-Salem, NC 27120

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