

T H E B R O N X
CONCERT & SINGERS

.... a 501(c)(3) Organization

**37th Annual Spring Concert
 Sunday, May 6, 2018**

***AD AND DONOR LISTING DUE DATE – APRIL 26, 2018**

**Individual and Corporate
 Donor Levels**

Please write in amount.

SERAPHIM	\$1,000 & up	_____
ARCHANGEL	500 -999	_____
ANGEL	250-499	_____
BENEFACTOR	100-249	_____
PATRON	50-99	_____
SPONSOR	25-49	_____
BOOSTER	10-24	_____

Program Advertisements

Attach ad, business card or CD

Circle size.

OUTSIDE BACK COVER	\$200
FACING PROGRAM (2)	200
INSIDE COVERS	150
FULL PAGE	125
1/2 PAGE	75
1/3 PAGE	50

Office Use – Date Received _____

Thank you for supporting The Bronx Concert Singers!

NAME _____

ADDRESS _____

Memorial or Honor _____

TELEPHONE _____

FAX _____

E-MAIL _____

MEMBER'S NAME _____

Please send your completed form, with payment, to the address below:
Bronx Concert Singers
P.O. Box 1226 Parkchester Station
Bronx, New York 10462

*For more information, please call Frances Ciurcina at 917-743-4641, or e-mail BCS_info@bronxconcertsingers.org. **ADS AND DONATIONS RECEIVED AFTER APRIL 26, 2018 WILL BE ACKNOWLEDGED IN OUR HOLIDAY 2018 CONCERT PROGRAM.**

Mailing Address: PO Box 1226, Bronx, NY 10462

**The Bronx Concert Singers is the community-chorus-in-residence at St. Paul's Evangelical Lutheran Church
 1891 McGraw Avenue, Bronx, New York 10462**

Please visit our website: www.bronxconcertsingers.org



37th Annual Spring Concert Sunday, May 6, 2018

Concert Ticket Order Form

Please use this form to order your concert tickets by mail. **Make check or Money Order payable to Bronx Concert Singers.** Only Checks or Money Orders will be accepted with this order form.

Use the enclosed return envelope, or send to:

**Bronx Concert Singers
P.O. Box 1226 Parkchester Station
Bronx, NY 10462**

Enclose a self-addressed envelope with your order. Your order and your payment must be received by April 26, 2018 for us to mail the tickets to you. If we receive your order later than April 26th, we will hold your tickets at the box office.

NAME _____

ADDRESS _____

We will call you or email you when we receive your order. Please provide

TELEPHONE _____

E-MAIL _____

Category	Cost per ticket	Number of tickets	Cost for Category
Adult	\$20		
2 Adults for \$35	2 @ \$35		
Senior	\$15		
Students	\$15		
Child through HS	\$5		
Adult Group for 5 or more tickets	\$15	[5 or more]	
Total Cost (make check out for this amount)			

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