



# LCCS 2024-25 SEASON TICKETS

## Choose Your Level of Support

LEVEL	# TICKETS	AMOUNT	TOTAL
<input type="checkbox"/> Benefactor.....	8 Tickets.....	\$1000.00	\$ _____
<input type="checkbox"/> Sustainer .....	6 Tickets.....	\$ 750.00	\$ _____
<input type="checkbox"/> Associate.....	4 Tickets.....	\$ 500.00	\$ _____
<input type="checkbox"/> Patron .....	2 Tickets.....	\$ 250.00	\$ _____
<input type="checkbox"/> Season Ticket ....	1 Ticket ... \$100.00 x ____ # tickets		\$ _____

NAME OF BUSINESS (OR INDIVIDUAL) as you would like it to appear on the program if you are a "Patron" or above:

\_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone, Email \_\_\_\_\_

Please do not acknowledge my name on the program.

Please make check payable to: Lake City Concert Series and mail along with this form to: Lake City Concert Series, P.O. Box 477, Lake City, SC 29560. Any donation over the regular ticket price is tax deductible to the extent allowed.

**For more information contact (843) 319-1493**