



VIRGINIA CHAMBER ORCHESTRA

KINDLY RESPOND BY FEBRUARY 28, 2023

NAME(S): _____
ADDRESS: _____
PHONE: _____
EMAIL: _____

**YES, I WILL ATTEND! SUGGESTED DONATION
\$125.00 PER PERSON, \$200.00 PER COUPLE**

**I'M NOT ABLE TO ATTEND, BUT I WOULD LIKE TO
MAKE A DONATION. \$ _____**

**PLEASE RETURN THIS CARD, ALONG WITH YOUR PAYMENT TO:
DOUGLAS LOVEJOY
1305 STONE MEADOW WAY
VIENNA, VA 22182-1454**

MY CHECK PAYABLE TO THE VCO IS ENCLOSED FOR \$ _____

**VISA, MASTERCARD, AMERICAN EXPRESS
(CIRCLE ONE)**

NAME ON CARD: _____
CARD NUMBER: _____
EXP DATE: _____
CV CODE: _____
BILLING ZIP CODE: _____ **AMOUNT CHARGED:** _____
SIGNATURE: _____

THE VCO IS A 501(C)(3) ORGANIZATION