**Friends of the Central Library**

**Rosamond Gifford Lecture Series**

**![C:\Users\focl\Desktop\FOCL_logo1[1].png]()2016 – 2017 Subscription Order Form**

Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_\_\_\_\_

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

Please check:

\_\_\_New subscriber, # of subscriptions\_\_\_

\_\_\_Renew my subscription(s), # of subscriptions\_\_\_

\_\_\_Group subscriptions (two or more addresses) List all names and addresses below.

\_\_\_I would like to maintain my current seat(s).

\_\_\_I would prefer new seats. Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of subscription(s):

 \_\_\_**Literary Circle** @$550 each *($375 is tax deductible*) Includes priority seating, author reception.

 \_\_\_**Patron** @$275 each *($100 is tax deductible*) Includes preferred seating, author reception.

*Please list Literary Circle or Patron name(s) as you would like them to appear in the program.*

|  |
| --- |
| Name(s) |
|  |

 \_\_\_**Series subscription** @$175 each (*$35 saving over individual ticket price*)

To reserve your current seats or subscribe to this season, please mail this completed form by August 15, 2016 with payment to the Box Office, 800 S. State St., Syracuse, NY 13202 or call the Box Office at the Oncenter at (315) 435-2121 to reserve with a credit card.

All tickets must be paid in full-*including handling fee*- before the order will be processed. Group tickets must all be paid in full and will be mailed directly to each individual subscriber in August.

Number of subscriptions \_\_\_@ $\_\_\_\_\_ (ex. 2 subscriptions @$175 = $350) = \_\_\_\_\_\_\_\_\_

Plus $1 Oncenter handling fee per transaction (ex. 2 season subscriptions = $2) = \_\_\_\_\_\_\_\_\_

 Total amount due = \_\_\_\_\_\_\_\_\_

Payment:

\_\_\_A check payable to the Oncenter Box Office is enclosed.

\_\_\_Credit card: \_\_\_Visa \_\_\_MasterCard \_\_\_American Express \_\_\_Discover

Card #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_/ \_\_\_ V-Code: \_\_\_\_

Name as on the card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For **GROUP** subscriptions, list all members of your group including yourself. Thank you.

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| --- | --- | --- | --- | --- | --- |
| Name | Address | City & State | Zip Code | Phone | Email |
|  |  |  |  |  |  |
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*All tickets will be mailed in August*. **Thank you for your support!** [www.foclsyracuse.org](http://www.foclsyracuse.org) 4/16