

ZUILL BAILEY'S *Director's Circle*



☐ \$1,000 or MORE is enclosed. (Checks payable to Connoisseur Concerts.)

☐ Charge my credit card. (see below)

☐ I would like to pay in installments _____

☐ \$100 monthly for ten months OR ☐ Specify amount and dates: \$ _____ on these dates _____

_____ Final payments are due by April 30, 20 _____

Name(s) _____

Address _____ City _____ State _____ Zip Code _____

Daytime Phone _____ Email _____

Please charge \$ _____ to the following credit card

☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX Card Number _____

Name as it appears on card (Please print.) _____ Billing Zip _____

Expiration Date _____ Security Code _____ Signature _____

PayPal option available by visiting www.nwbachfest.com Please return to: Connoisseur Concerts • PO Box 141659 • Spokane, WA 99214-1659