

PFMS Ticket Purchase

Concert:

Date and Time:

of Tickets:

Amount of check:

Your name:

Address:

Town/City, State, Zip

Email:

Phone:

Complete the information above. Then mail this form and a check to:

PFM
Attention: Bill Goodwin
95 Wyman Rd. Apt 4405
Keene, NH 03431-5067

Questions about a purchase, [email](mailto:our_treasurer@pfmsconcerts.org) our treasurer, Bill: <https://www.pfmsconcerts.org/contact/treasurer>