

ASSISTANCE LEAGUE® *AUTHORS BRUNCH* RESERVATION FORM

Company Mr. & Mrs. Mr. Mrs. Ms.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

For a reservation confirmation AB 2020

Complete above and include guest/friend information on reverse side.

Listed in the Program and Assistance League publications and website:

Publisher	\$10,000 (18 reservations) (\$ 9,370 tax deductible)	\$ _____
Editor	\$5,000 (10 reservations) (\$ 4,650 tax deductible)	\$ _____
Book Lover	\$2,500 (6 reservations) (\$ 2,290 tax deductible)	\$ _____
Book Critic	\$1,000 (4 reservations) (\$ 860 tax deductible)	\$ _____
Book Worm	\$ 500 (2 reservations) (\$ 430 tax deductible)	\$ _____
Underwriter	\$1,000 (no reservations) (\$1,000 tax deductible)	\$ _____

Listed in the Program:

_____ Patron Tickets \$150 per person (\$115 tax deductible) \$ _____

_____ Reservations \$70 per person (\$35 tax deductible) \$ _____

_____ I am unable to attend but would like to make a tax deductible donation

(Donations of \$100 or more will appear in the program) \$ _____

Reservation Deadline: March 31, 2020

Method of Payment:

Check Make checks payable to: Assistance League of St. Louis

Visa MasterCard Discover AMEX

Credit Card No. _____ Exp. Date _____

Security Code _____

Signature _____

Return Reservation to: Assistance League of St. Louis
30 Henry Avenue, Ellisville, MO 63011 636-227-6200

Primary Table Contact _____
Name _____ Phone _____

Other Guests/Friends at Your Table _____ Payment Enclosed? _____

Title/Name _____ Y/N _____

Address/Zip _____

Email _____ Phone _____

Title/Name _____ Y/N _____

Address/Zip _____

Email _____ Phone _____

Title/Name _____ Y/N _____

Address/Zip _____

Email _____ Phone _____

Title/Name _____ Y/N _____

Address/Zip _____

Email _____ Phone _____

Title/Name _____ Y/N _____

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Title/Name _____ Y/N _____

Address/Zip _____

Email _____ Phone _____