



Assistance League® of St. Louis

30 Henry Avenue, Ellisville, MO 63011 636-227-6200 Fax: 636-227-0500
www.alstl.org info@alstl.org

Yes, I would like to support Assistance League of St. Louis with a gift of:

\$10,000 \$5,000 \$2,500 \$1,000 \$500 \$250 Other \$ _____

Company Mr & Mrs Mr Mrs Ms

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ E-mail _____

My donation is a Memorial Tribute

My check for \$ _____ is enclosed. (Made payable to: Assistance League of St Louis)

Please charge my: Visa MasterCard Discover

Credit Card No.: _____ \$ _____

Exp. Date: _____ Security Code: _____

Signature/Date: _____

Your gift is 100% tax deductible and qualifies for corporate matching.



This gift is a Memorial Tribute

Name of Honoree:

Please send acknowledgement card to:

Card should be signed from:

Assistance League of St. Louis, 30 Henry Ave., Ellisville, MO 63011

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