

Assistance League *Imagine!* Reservation Form

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

Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

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

Vegetarian dinners are available. Number needed for your table _____.

All sponsors will be recognized in the program, the Annual Report and other AL publications.

Platinum Sponsor	\$7,500 includes 10 reservations (Tax Deduction \$6,750)	\$ _____
Gold Sponsor	\$5,000 includes 6 reservations (Tax Deduction \$4,550)	\$ _____
Silver Sponsor	\$2,500 includes 4 reservations (Tax Deduction \$2,200)	\$ _____
Friend of Assistance League (Donations Only) (Donations of \$100 and above will be listed in the program)		\$ _____

Listed in the Program

___ Patron \$ 200 (1 reservation) (Tax Deduction \$ 125) \$ _____

___ Reservation(s) \$150 per person (Tax Deduction \$75) \$ _____

___ I am unable to attend but have enclosed a tax deductible donation of \$ _____

Reservation Deadline: September 23, 2016

Method of Payment

Check Make check 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

Primary Table Contact: _____
Name Phone

Other Guests 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

Address/Zip _____

Email _____ Phone _____

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Email _____ Phone _____

Title/Name _____ Y/N

Address/Zip _____

Email _____ Phone _____

Title/Name _____ Y/N

Address/Zip _____

Email _____ Phone _____

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