assistance league' St. Louis			•			
☐ Company	☐ Mr.	& Mrs.	☐ Mr.	☐ Mrs	. □ Ms.	
Name			<del> </del>			
Address						
City/State/Zip_						
Phone		Em	ail			
Comple	te above an	d include g	uest information	on on rever	se side.	
<b>SPONSORSHIPS</b> : All sponsors will be recognized in the Program, Annual Report & Other Assistance League of St. Louis publications.						
Inspirator	\$10,000	10 reservat	tions ( <i>Tax deduc</i>	ction \$9,000)	\$	
Illuminator	\$7,500	10 reservat	tions (Tax deduc	ction \$6,500)	\$	
Innovator	\$5,000	8 reservation	ons (Tax deduct	ion \$4,200)	\$	
Influencer	\$2,500	6 reservation	ons (Tax deduct	ion \$1,900)	\$	
Imaginator	\$1,750	4 reservation	ons (Tax deduct	ion \$1,350)	\$	
Recognized in the Prog	gram					
Reservation(s)	X \$250	1 reservation	on (Tax deductio	on \$150)	\$	
	V 0450			. 450)		
Reservation(s)			i <b>on</b> (Tax deducti		\$	
☐ I am unable to atte	nd but have e	enclosed a ta	x deductible dor	nation of:	\$	
\$10,000 \$7	500	\$5,000 _	\$2,50	0	\$1,750	
		on Deadl	ine: Octob	er 8, 202	1	
Method of Payment  ☐ Check (Make check payable to Assistance League of St. Louis)						
☐ Visa	☐ Master	card	☐ Discover		Amex	
Credit Card No				Exp		
	Security Code					
Signature						

Return reservation to: Assistance League of St. Louis, 30 Henry Avenue, Ellisville, MO 63011

1 Imagine! NOVEMBER 6, 2021 RESERVATION FORM

Name	Phone		
Other Guests/Friends at Your Table	Pay	ment 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		
Title/Name		Y/N	
Address/Zip			
Email	Phone		
Title/Name		Y/N	
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Email	Phone		
Title/Name		Y/N	
Address/Zip			
Email	Phone		
Title/Name		Y/N	
Address/Zip			
Email	Phone		