



# April 15, 2023 Reservation Form

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Complete above and include guest information on reverse side.

**SPONSORSHIPS:** All sponsors will be recognized in the Program, Annual Report & Other Assistance League of St. Louis publications. Indicate on the back your name as you would prefer it to appear in publications. Please indicate if you are unable to use the reservations by lining through the reservation quantity.

<b>Publisher</b>	\$10,000	10 reservations (Tax deduction \$9,500)	\$ _____
<b>Editor</b>	\$5,000	8 reservations (Tax deduction \$4,600)	\$ _____
<b>Book Lover</b>	\$2,500	6 reservations (Tax deduction \$2,200)	\$ _____
<b>Book Critic</b>	\$1,500	4 reservations (Tax deduction \$1,300)	\$ _____
<b>Book Worm</b>	\$500	2 reservations (Tax deduction \$400)	\$ _____
<b>Book Reader</b>	\$250	1 reservation (Tax deduction \$200)	\$ _____

\_\_\_\_ Reservation(s) X \$85    1 reservation (Tax deduction \$35)    \$ \_\_\_\_\_

I am unable to attend but have enclosed a tax deductible donation of:    \$ \_\_\_\_\_

## Reservation Deadline: March 24, 2023

### Method of Payment

Check (Make check payable to Assistance League of St. Louis)

Visa

Mastercard

Discover

Amex

Credit Card No. \_\_\_\_\_ Exp. \_\_\_\_\_

Security Code \_\_\_\_\_

Signature \_\_\_\_\_

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

**Primary Table Contact** \_\_\_\_\_

**Name**

**Phone**

Dietary Restriction Request \_\_\_\_\_

(Place asterisk next to guest with dietary restriction.)

**Other Guests/Friends at Your Table**

**Payment Enclosed?**

Title/Name \_\_\_\_\_ Y/N

Address/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Title/Name \_\_\_\_\_ Y/N

Address/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Title/Name \_\_\_\_\_ Y/N

Address/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Title/Name \_\_\_\_\_ Y/N

Address/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Title/Name \_\_\_\_\_ Y/N

Address/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Title/Name \_\_\_\_\_ Y/N

Address/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Title/Name \_\_\_\_\_ Y/N

Address/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Title/Name \_\_\_\_\_ Y/N

Address/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Title/Name \_\_\_\_\_ Y/N

Address/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_