

RESERVATION DEADLINE: MARCH 15, 2024



Authors Brunch

Saturday, April 6, 2024
Marriott St. Louis West



Scan code with mobile phone camera to register online at AuthorsBrunch.givesmart.com

Please register online at AuthorsBrunch.givesmart.com
OR complete and return this form.

Need assistance with online reservation please
Email: Events@StLouisAssistanceLeague.org

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

Name _____
(As it should appear in publications)

Address _____

City/State/Zip _____

Phone _____

Email _____

SELECT SPONSORSHIP LEVEL

Sponsorships include recognition in the program, annual report and other ALSTL publications.

Sponsor Level	Includes	Tax Deduction	Amount	Select Level
Publisher	10 Reservations	(\$9,220)	\$10,000	\$ _____
Editor	8 Reservations	(\$4,376)	\$5,000	\$ _____
Book Lover	6 Reservations	(\$2,032)	\$2,500	\$ _____
Book Critic	4 Reservations	(\$1,188)	\$1,500	\$ _____
Book Worm	2 Reservations	(\$344)	\$500	\$ _____
Book Reader	1 Reservation	(\$172)	\$250	\$ _____

I am unable to attend and would like to receive the full tax donation value of my sponsorship

INDIVIDUAL RESERVATION _____ Reservation(s) X \$85 (\$7 Tax Deduction) \$ _____

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

PAYMENT INFORMATION:

Check payment (Payable to Assistance League of St. Louis)

_____ # of checks enclosed

Please charge my credit card: Visa MasterCard American Express Discover

Credit Card No. _____

Expiration Date _____ Security (CVV) Code _____

Signature _____

TABLE SEATING INFORMATION:

I am registering as the Primary Table Contact. (Please list table attendees on reverse side.)

I would like to be seated with _____
Primary Table Contact First & Last Name

No Seating Preference

Thank you for your support!

Assistance League of St. Louis is an all-volunteer organization that transforms the lives of children and adults through five community programs. alstl.org

TABLE SEATING INFORMATION:

Dietary Restriction: _____
Please mark with an asterisk next to each guest and note request.

1 Primary Table Contact: Is me (please use the contact information on front of this card)

PAYMENT
ENCLOSED?

Title/Name: _____ Yes / No

Address/Zip: _____

Email: _____ Ph: _____

2 Title/Name: _____ Yes / No

Address/Zip: _____

Email: _____ Ph: _____

3 Title/Name: _____ Yes / No

Address/Zip: _____

Email: _____ Ph: _____

4 Title/Name: _____ Yes / No

Address/Zip: _____

Email: _____ Ph: _____

5 Title/Name: _____ Yes / No

Address/Zip: _____

Email: _____ Ph: _____

6 Title/Name: _____ Yes / No

Address/Zip: _____

Email: _____ Ph: _____

7 Title/Name: _____ Yes / No

Address/Zip: _____

Email: _____ Ph: _____

8 Title/Name: _____ Yes / No

Address/Zip: _____

Email: _____ Ph: _____

9 Title/Name: _____ Yes / No

Address/Zip: _____

Email: _____ Ph: _____

10 Title/Name: _____ Yes / No

Address/Zip: _____

Email: _____ Ph: _____