

Please mail this reservation form to: **Literacy Council of Buncombe County** 31 College Place, Suite B-221 Asheville, NC 28801

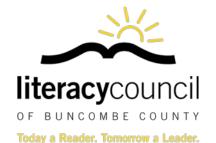
*Call with questions*: (828) 254-3442

## The 12<sup>th</sup> Annual Authors for Literacy Dinner and Silent Auction Friday October 25, 2019 featuring author Daniel Wallace

## RESERVATION FORM

		rve general admission ticket(s) at \$95 each, which lent auction and dinner with keynote author Daniel Wallace.
	Yes, I wish to research admission tickets.	rve table(s) at \$760 each, which includes eight general
		only: I wish to reserve general admission ticket(s) at \$75 es both the silent auction and dinner with keynote author Daniel
	No, I cannot attende (note: total amount	d but wish to support the Literacy Council with a gift of \$ is tax-deductible)
****	*******	************************************
Guest	Names:	
		(Please list additional guests and seating requests on the next page)
	Check enclosed	
	Bill my credit card	
	Name on account: _	
	Mailing Address:	
	-	.,
	Card Number:	
	Expiration:	Security code:
	Phone Number: _	Email:

Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Section at (919) 807-2214. The license is not an endorsement by the State. The Literacy Council of Buncombe County is qualified as a charitable organization under Section 501(c)(3) of the Internal Revenue Code. The amount of the contribution which is deductible for federal income tax purposes is limited to the excess over the value of the goods or services provided by the Literacy Council of Buncombe County. The tax-deductible portion of an Authors for Literacy ticket purchase is \$55 per ticket.



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## SEATING AND MEAL PREFERENCES

Please list the individuals you would like seated at your table, their contact information, and any dietary restrictions (vegetarian, vegan, gluten-free, etc). **Important Note:** Unless specifically requested on this form, guests will be seated in the order in which we receive their reservations.

Name	Mailing Address	Dietary Restrictions
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		