

AUTHORS  
in APRIL



# Authors In April Benefit Dinner

I wish to make the following reservations for  
Monday, April 18, 2016:

Author Ticket \_\_\_\_ @ \$75 per person \$ \_\_\_\_  
Reader Ticket \_\_\_\_ @ \$55 per person \_\_\_\_  
Story Ticket \_\_\_\_ @ \$45 per person \_\_\_\_

I/we cannot attend, but please accept my tax deductible donation to Authors In April.

TOTAL ENCLOSED \$ \_\_\_\_

I would like to sit with \_\_\_\_\_ or the \_\_\_\_\_ group.

Author & Reader Level donors – Please list my name in the program as follows:

\_\_\_\_\_

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Please Circle Your Dinner Choice: Vegetarian Chicken Salmon

Please return this form no later than March 31, 2016

with your check made payable to: Authors In April, Inc.

P.O. Box 81634, Rochester, MI 48308

All Reservations will be held at the door.

AUTHORS  
in APRIL



# Authors In April Benefit Dinner

I wish to make the following reservations for  
Monday, April 18, 2016:

Author Ticket \_\_\_\_ @ \$75 per person \$ \_\_\_\_  
Reader Ticket \_\_\_\_ @ \$55 per person \_\_\_\_  
Story Ticket \_\_\_\_ @ \$45 per person \_\_\_\_

I/we cannot attend, but please accept my tax deductible donation to Authors In April.

TOTAL ENCLOSED \$ \_\_\_\_

I would like to sit with \_\_\_\_\_ or the \_\_\_\_\_ group.

Author & Reader Level donors – Please list my name in the program as follows:

\_\_\_\_\_

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Please Circle Your Dinner Choice: Vegetarian Chicken Salmon

Please return this form no later than March 31, 2016

with your check made payable to: Authors In April, Inc.

P.O. Box 81634, Rochester, MI 48308

All Reservations will be held at the door.

AUTHORS  
in APRIL



# Authors In April Benefit Dinner

I wish to make the following reservations for  
Monday, April 18, 2016:

Author Ticket \_\_\_\_ @ \$75 per person \$ \_\_\_\_  
Reader Ticket \_\_\_\_ @ \$55 per person \_\_\_\_  
Story Ticket \_\_\_\_ @ \$45 per person \_\_\_\_

I/we cannot attend, but please accept my tax deductible donation to Authors In April.

TOTAL ENCLOSED \$ \_\_\_\_

I would like to sit with \_\_\_\_\_ or the \_\_\_\_\_ group.

Author & Reader Level donors – Please list my name in the program as follows:

\_\_\_\_\_

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Please Circle Your Dinner Choice: Vegetarian Chicken Salmon

Please return this form no later than March 31, 2016

with your check made payable to: Authors In April, Inc.

P.O. Box 81634, Rochester, MI 48308

All Reservations will be held at the door.

AUTHORS  
in APRIL



# Authors In April Benefit Dinner

I wish to make the following reservations for  
Monday, April 18, 2016:

Author Ticket \_\_\_\_ @ \$75 per person \$ \_\_\_\_  
Reader Ticket \_\_\_\_ @ \$55 per person \_\_\_\_  
Story Ticket \_\_\_\_ @ \$45 per person \_\_\_\_

I/we cannot attend, but please accept my tax deductible donation to Authors In April.

TOTAL ENCLOSED \$ \_\_\_\_

I would like to sit with \_\_\_\_\_ or the \_\_\_\_\_ group.

Author & Reader Level donors – Please list my name in the program as follows:

\_\_\_\_\_

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Please Circle Your Dinner Choice: Vegetarian Chicken Salmon

Please return this form no later than March 31, 2016

with your check made payable to: Authors In April, Inc.

P.O. Box 81634, Rochester, MI 48308

All Reservations will be held at the door.