

Campaign for the Future



Willa Cather
CENTER

To support the campaign, I/we hereby pledge a total of \$ _____
over five years. I/We wish to make payments as follows:

___ one time gift ___ monthly ___ quarterly ___ annually

or as follows: _____

Payments of \$ _____ per _____
(month, quarter, year, etc.)

will be made in the following years:

___ 2020 ___ 2021 ___ 2022 ___ 2023 ___ 2024

other: _____

beginning _____
(month, quarter, year)

___ I/We permit 10% of our gift to be allocated to the Foundation's operating fund.

___ Please restrict my gift for _____.

***Pre-payment of pledges is gladly accepted. Please make checks payable to The Willa Cather Foundation.
Should you have questions, contact Ashley Olson, Executive Director at aolson@willacather.org or 402-746-2653.***

Name(s) _____

Preferred Address _____

City/State/Zip _____

Phone _____

Signature(s) _____ Date _____

Company name (if company offers matching gift) _____

Thank you for your support!

The Willa Cather Foundation
413 North Webster Street
Red Cloud, NE 68970
402-746-2653
www.WillaCather.org

Please provide information about:

- Credit cards (we accept VISA, MasterCard, Amex, & Discover)
- Transfer of stock
- Automatic bank withdrawal