# Spring Conference Sponsorship Benefits

<table>
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<tr>
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<th>Novelists</th>
<th>Novella Writers</th>
<th>Short Story Writers</th>
<th>Essayists</th>
<th>Poets</th>
<th>Editors</th>
<th>Journalists</th>
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<tbody>
<tr>
<td>(non-deductible)</td>
<td>$5,000</td>
<td>$2,500</td>
<td>$1,500</td>
<td>$1,000</td>
<td>$500</td>
<td>$250</td>
<td>$100</td>
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<td>$2,000</td>
<td>(1,280)</td>
<td>(980)</td>
<td>(665)</td>
<td>(343)</td>
<td>(300)</td>
<td>(150)</td>
<td>(50)</td>
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<td>$1,500</td>
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<td>$1,000</td>
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<td>Tickets to banquet and Children of the Moon, an original composition based on One of Ours and performed by the Nebraska Chamber Players</td>
<td>8 6 4 2 2 1 1</td>
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Please complete sponsorship form on reverse and return with payment or sign up as a sponsor online at www.WillaCather.org.

Contact Alise Perault at (402) 746-2653 or aperault@willacather.org with any questions. Thank you!
Please select a sponsorship level and return this form with your payment. Those who submit sponsorship materials by April 25, 2022 are guaranteed recognition in the program.

**Sponsor Contact Information**

Name____________________________________________________________________________________________________

Company (if applicable) _______________________________________________________________________________

Address_________________________________________________________________________________________________

City_______________________________________________ State_______________ Zip Code_______________________

Phone ____________________________________ Email ________________________________________________________

**Level of Support**

( ) Novelists: $5,000 ( ) Novella Writers: $2,500 ( ) Short Story Writers: $1,500 ( ) Essayists: $1,000

( ) Poets: $500 ( ) Editors: $250 ( ) Journalists: $100 ( ) $ ___________

( ) Yes, I plan to use my complimentary registration(s) and/or ticket(s).

( ) I have sent my advertising information and logo to info@willacather.org for the event program.

**Payment Information**

( ) A check is enclosed (payable to The Willa Cather Foundation)

( ) Please charge my credit card:

I authorize $ __________ to be charged to my credit card. (please complete the information below)

Card Number ______________________________ Exp. Date _______________ CVV_________

Signature ___________________________________________________________________________________________

*With the exception of the value of goods or services received in exchange for your sponsorship, this gift is tax-deductible to the full extent of the law.*

Thank you for your support!