



2025 FESTIVAL INDIVIDUAL SPONSOR COMMITMENT

I/WE ARE DELIGHTED TO SPONSOR THE 2025 SONOMA VALLEY AUTHORS FESTIVAL AT THE SPONSORSHIP LEVEL I/WE HAVE CHECKED BELOW:

- | | |
|---|---|
| <input type="checkbox"/> MANUSCRIPT SPONSOR \$3,000 and above
1 Festival Pass - \$1,750 is tax deductible | <input type="checkbox"/> FIRST EDITION SPONSOR \$20,000 and above
6 Festival Passes - \$12,500 is tax deductible |
| <input type="checkbox"/> GALLEY SPONSOR \$6,000 and above
2 Festival Passes - \$3,500 is tax deductible | <input type="checkbox"/> BESTSELLER SPONSOR \$ 25,000 and above
Custom Festival Package per Website* |
| <input type="checkbox"/> EDITOR'S CHOICE \$9,000 and above
3 Festival Passes - \$5,250 is tax deductible | <input type="checkbox"/> PULITZER SPONSOR \$50,000 and above
Custom Festival Package per Website* |
| <input type="checkbox"/> NEW RELEASE SPONSOR \$15,000 and above
4 Festival Passes - \$10,000 is tax deductible | <input type="checkbox"/> NOBEL SPONSOR \$100,000 and above
Custom Festival Package per Website* |

* This is a customizable number and can be negotiated upon donation.

Please note the Sonoma Valley Authors Festival Sponsorships are nonrefundable under any circumstances. If there is a waiting list, we may attempt to find a buyer for the Sponsor who are unable to attend. This offer is by no means guaranteed, so please do not rely on this possibility for transfer. For a complete list of sponsor benefits, refer to the individual sponsor opportunities insert or visit our website: svauthorsfest.org

I/WE WOULD LIKE TO MAKE AN ADDITIONAL CONTRIBUTION TO FUND STUDENTS DAY 2025:

- \$500 \$1,000 \$2,500 \$5,000 OTHER \$ _____

CONTACT INFORMATION (PLEASE PRINT)

NAME/S _____

PHONE _____

EMAIL _____

MAILING ADDRESS _____

CITY _____

STATE _____

ZIP _____

SPONSOR RECOGNITION

- PLEASE INCLUDE MY/OUR NAME/S IN SPONSOR RECOGNITION MATERIALS
 I/WE PREFER MY/OUR SPONSORSHIP BE LISTED AS ANONYMOUS

METHOD OF PAYMENT

- ENCLOSED IS A CHECK** PAYABLE TO SONOMA VALLEY AUTHORS FESTIVAL
 PLEASE CHARGE THE FOLLOWING CARD: VISA MASTERCARD AMERICAN EXPRESS

CARD # _____

EXP. DATE _____

NAME ON THE CARD _____

BILLING ZIP CODE _____

SIGNATURE _____

PLEASE MAIL COMPLETED FORM TO:

3053 FILLMORE STREET #244
SAN FRANCISCO, CA 94123

OR EMAIL COMPLETED FORM TO:

ADMIN@SVAUTHORSFEST.ORG
FOR QUESTIONS CALL: (707) 282-9028