



15th Annual

Savoy Breast Cancer Awareness Walk

2023

Community Support is KEY!

The Savoy Breast Cancer Awareness Walk will be held on of October 21, 2023 with the hope of increasing awareness, fostering community support, and raising money to make a difference for *local* individuals fighting cancer. It is our most popular event, with nearly 500 participants each year. This year’s event will be held at the Savoy Cancer Center.

MAKE AN IMPACT!

Savoy Breast Cancer Awareness Walk offers a great marketing opportunity for any businesses interested in supporting great family fun for a worthy cause. **Please join us at the 2023 Savoy Breast Cancer Awareness Walk and make a positive impact on our community!**

ALL PROCEEDS from this event stay in our community!

Savoy Indigent Patient Support, a 501c(3) non-profit organization, uses the funds that are raised to provide a patient assistance program for Savoy Cancer Center Patients designed to supplement existing patient assistance programs. Your support will literally touch the lives of those battling cancer in our community.

2023 SPONSORSHIP LEVELS

SPONSORSHIP BENEFITS	HOPE SPONSORSHIP \$500	FAITH SPONSORSHIP \$250	COURAGE SPONSORSHIP \$100
REGISTRATION FOR WALK	4 PARTICIPANTS	2 PARTICIPANTS	1 PARTICIPANT
EVENT TSHIRT	4	2	1
RECOGNITION ON EVENT TSHIRT	LOGO PRINTED PROMINENTLY ON SHIRT BACK	SMALL LOGO PRINTED ON SHIRT BACK	N/A
RECOGNITION AT EVENT	LOGO SIGN ON BANDSTAND	COMPANY NAME LISTED ON COMBINED SPONSOR BANNER	N/A
WEBSITE & SOCIAL MEDIA RECOGNITION	YES	YES	YES

DONATION OF GOODS/SERVICES

We are happy to include donations toward your sponsorship! Water/juices, goody bag items, sweet treats, etc. Sponsorship level is determined by the value of goods/services donated. Call Angela at (337) 288-6075 or email us at savoycancerhelp@gmail.com for more information.



15th Annual

Savoy Breast Cancer Awareness Walk

2023

SPONSOR REGISTRATION

Company/Sponsor Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Fax: _____

SPONSOR AMOUNT

Hope Sponsor \$500
 Shirt sizes (4): _____

Faith Sponsor \$250
 Shirt sizes (2): _____

Courage Sponsor \$100
 Shirt size (1): _____

METHOD OF PAYMENT

Please enclose checks.
Make checks payable to
Savoy Indigent Patient Support
PO Box 359, Mamou, LA 70554

QUESTIONS?

Please Contact:
Angela Fontenot, Sponsorship Coordinator
Phone: 337-288-6075
Fax: 337-468-0158
Email all company Logos to:
savoycancerhelp@gmail.com

Your partnership is sincerely appreciated. By execution of this form, you are affirming your participation as a sponsor at the above indicated level. To receive all sponsorship benefits, this completed registration form must be received by **September 8, 2023.**

Sponsor Representative: _____ Date: _____

Note: Signing this form gives Savoy Indigent Patient Support and its Agents permission to use images, electronic or photographs in future promotional materials.