18th ANNUAL

SAVOY BREAST CANCER AWARENESS WALK

SATURDAY, OCTOBER 3, 2026 | SPONSORSHIP OPPORTUNITIES

COMMUNITY SUPPORT MAKES A DIFFERENCE

The Savoy Breast Cancer Awareness Walk brings our community together to increase awareness, support local individuals fighting cancer, and raise funds that stay close to home. Nearly 500 participants join us each year at the Savoy Cancer Center.

MAKE AN IMPACT

The walk offers a meaningful marketing opportunity for businesses that want to support family fun for a worthy cause and make a visible, positive impact in our community.

ALL PROCEEDS STAY IN OUR COMMUNITY!

Savoy Indigent Patient Support (SIPS), a 501(c)(3) nonprofit organization, uses funds raised to assist Savoy Cancer Center patients and supplement existing patient-assistance programs. Your sponsorship directly touches the lives of people battling cancer in our community.

2026 SPONSORSHIP LEVELS

SPONSORSHIP BENEFITS	HOPE $500	FAITH $250	COURAGE $100
Walk registrations	4 participants	2 participants	1 participant
Event T-shirts	4	2	1
Recognition on event T-shirt	Logo printed prominently on shirt back	Small logo printed on shirt back	—
Recognition at event	Logo sign on bandstand	Logo sign on bandstand	—
Website & social media recognition	Yes	Yes	Yes

DONATION OF GOODS & SERVICES

Donations may be applied toward a sponsorship level. Water, juices, goody-bag items, sweet treats, and other goods or services are welcome. Sponsorship level is based on the value of the donation. Contact Desiree Buller at 337-580-5625 or desiree.buller@savoymedical.net for details.

SPONSORSHIP FORMS MUST BE RECEIVED BY FRIDAY, SEPTEMBER 11, 2026.

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SATURDAY, OCTOBER 3, 2026 | SPONSOR REGISTRATION

Please print clearly and complete all sections.

SPONSOR INFORMATION

Company / Sponsor Name:

Contact Name:

Mailing Address:

City: State: ZIP:

Email:

Phone:

Vendor / Exhibit Space on Event Day: □ YES □ NO

SELECT SPONSORSHIP LEVEL & SHIRT SIZES

□ **HOPE SPONSOR • $500**	Shirt sizes (4): _____ _____ _____ _____
□ **FAITH SPONSOR • $250**	Shirt sizes (2): _____ _____
□ **COURAGE SPONSOR • $100**	Shirt size (1): _____

PAYMENT, LOGO SUBMISSION & QUESTIONS

METHOD OF PAYMENT

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

QUESTIONS & COMPANY LOGOS

Desiree Buller, Sponsorship Coordinator
Phone: **337-580-5625**
Email company logos to:
desiree.buller@savoymedical.net

COMPLETED SPONSORSHIP FORMS MUST BE RECEIVED BY SEPTEMBER 11, 2026.

Your partnership is sincerely appreciated. By signing this form, you affirm your participation as a sponsor at the selected level. Signing also grants Savoy Indigent Patient Support and its agents permission to use event images, electronic images, or photographs in future promotions.

Sponsor Representative: **Date:**