



The Mission of SACS, Inc. is to provide monetary support for area Cancer patients and funding for Cancer research

Neighbors Helping Neighbors.

Financially, the battle with Cancer can be devastating. SACS, Inc. was organized as a place for cancer patients to turn for some monetary help.

- SACS, Inc. is governed by a nine member board of directors. The Board of Directors will review all applications.
- The funds will be dispersed to Cancer victims in order to provide assistance with groceries, transportation, fuel, medication or other necessities based on the area of need.
- It is the intent of the Board to provide assistance through the use of vouchers, gift certificates, or direct payment of bills. It will be the Board's responsibility to ensure, to the best of their ability, that the support goes towards intended use.



.....

Neighbors Helping Neighbors.

The 2023 Walk/Rally will be held at newly renovated Sparta Memorial Park Field on August 4, 2023 from 4:00 pm – 10:00 pm. This location will provide a beautiful setting for the Luminaries to be displayed.

All events and activities will be held at Sparta Memorial Park Field

Opening Ceremonies begin at 6:00 pm the night of the walk/rally. We invite all cancer survivors to have a seat by the band shelter before the ceremony.

Food prepared by the Sparta Lion's Club. Food will be available starting at 5:00.

Luminaries will be placed along the track at Sparta Memorial Field. Candles will be lit in memory and in honor of the many loved ones that have been affected by cancer. This is an opportunity to pay tribute! Luminaries are \$5 each or 3 for \$10. **Please turn in luminaries as they are sold.** This allows our volunteers to begin hand-lettering each one. Contact Cheryl Isensee at 608-343-7815 with any questions.

Calendar Raffle Tickets are available now by contacting Gary Peterson at 608-633-3703 . Calendar raffles are our biggest effort. We need everyone's help! This is a great way to raise money for SACS. Cost is \$10 each or 3 for \$25. **Please turn in all unsold tickets by July 21, 2023.** Prize amounts and number of drawings (18) remain the same as previous years. If you win, your ticket goes back in for another chance to win!

Bake Sale: All freshly baked goods are prepared by awesome volunteers and are delicious! Anyone interested in donating baked goods or if you have questions, contact Joanne Bohnert at 608-269-7176.

SACS Walk/Rally T-shirt: this year are **XXX** SACS logo/rally graphic. Gray long sleeve t-shirts and sweatshirts (crew & hoodie) are also available. All apparel can be ordered by completing the apparel order form included in this packet. Payment is due when shirts are picked up. For more information contact Kathy Culpitt at 608-269-6162.

SACS Pinwheels: Handcrafted by SACS volunteers! Cost is \$5 each. Pinwheels come in a variety of colors associated with different types of cancer, as well as Packer, Badger and Spartan colors! Pinwheels can be displayed anywhere to show your support! Contact Kay Kast at 608-269-4311.

SACS Wishing Tree Ornaments: Purchase ornaments for \$1 each. Write any message, color or design and your ornament will be displayed on the Wishing Tree on the night of the walk. Ornaments are handcrafted. Contact Kay Kast at 608-269-4311.

Adult and Children's Bucket Raffles! If you'd like to donate any item(s) or a "basket/bucket" to be raffled, please reply no later than July 21, 2023. For questions, please contact Kay Kast at 608-269-4311.



.....

Neighbors Helping Neighbors.

Kicking Cancer at the Curb will be located throughout Sparta on August 4, 2023. In addition to the day of the walk/rally, there will be a Kicking Cancer at the Curb (TBA)

50/50 Raffle and other fun activities are being planned.

Walk/Rally Information Packets: For additional information about how to form a team (group or individual) contact Joanne Bohnert at 608-269-7176 or Kay Kast at 608-269-4311. Additional packets and individual forms are available for download at www.spartaareacancersupport.org. You can also pick up packets at Sparta Chiropractic, 110 W. Wisconsin St., Sparta.

Please note: planned activities are subject to change should the conditions for safety be of concern.

Your Support is needed and appreciated!

What to do with monetary donations

Please do not wait until the night of the Walk/Rally to turn in your donations. You may contact any board member listed below with questions or donations.



2023 Bank Night: Thursday August 3, from 4:00 pm – 8:00 pm at Sparta Chiropractic, 110 W. Wisconsin St., Sparta, WI. This is a special night set aside before the Walk/Rally to turn in any money collected to date. This includes money collected for calendar raffle tickets, fundraisers, pledges and luminaries.

The day of the walk/rally money can be turned in to a designated building at Sparta Memorial Park Field. Please complete a Sponsor Sheet to insure credit to your individual/group (team).

Please keep separate totals for pledges and raffles Individuals/groups(teams) will receive credit for raffle sales.

Please feel free to contact any board member if you have any questions or concerns.

2023 SACS Board Members:

Karen Edwards	608-269-5243	Gary Peterson	608-633-3703
Kay Kast	608-269-4311	Cheryl Isensee	608-269-3215
David Kuderer	608-487-3496	Cindy Puent	608-633-0177
Annette Erickson	608-633-2301	Priscilla Hemmersbach	608-269-5359
Joanne Bohnert	608-269-7176		



Individual or group/team participation in the year long fund-raising campaign is essential in our fight to help out neighbors and find a cure.

Neighbors Helping Neighbors.

REGISTRATION

Individual/Group/Team Name: _____

Group Leader Name: _____

Address: _____

City: _____

Phone (s): _____

E-Mail: (required) _____

No registration fee required. If you would like to make a donation, please make checks payable to Sparta Area Cancer Support (SACS).

Please return Registration Forms to Sparta Chiropractic, 110 W Wisconsin St Sparta, WI. or SACS, PO Box 130, Sparta, WI 54656.



Individual/Group/Team Name: _____

Group Leaders Name: _____

Sponsor Sheet:

Participant Name: _____ Phone: _____

Participant Address: _____ City: _____ Zip: _____

Complete this sponsor sheet by asking people to sponsor you for a single amount, regardless of the distance you cover. Place this sheet along with collected donations in an envelope and bring to the event or give to group leader to bring.

Name of Sponsor:	Address:	Phone:	Donation:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

Please make all checks payable to SACS (Sparta Area Cancer Support).

Waiver: In consideration of my signing this agreement, I hereby for myself, my heirs and administrators assume any and all risks which might be associated with the event. I waive any and all rights and claims of injuries or damages which I might have against the organizers and sponsors of the event and the Sparta Area Cancer Support, Inc., their representatives, successors and assigns for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and any related activities. (All persons under 18 MUST have a parent or guardian's signature.)

Signature: _____

Total Donations \$ _____

Amount Received \$ _____



Sponsor Sheet: *Continued*

Complete this sponsor sheet by asking people to sponsor you for a single amount, regardless of the distance you cover. Place this sheet along with collected donations in an envelope and bring to the event or give to group leader to bring.

Name of Sponsor:	Address:	Phone:	Donation:
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			

Please make all checks payable to SACS (Sparta Area Cancer Support).

Raffle Tickets

If You Need More Raffle Tickets, Please Contact: Gary Peterson, 608-633-3703.

of Tickets _____ Ticket Number Range _____

Total Tickets Sold \$ _____

Waiver: In consideration of my signing this agreement, I hereby for myself, my heirs and administrators assume any and all risks which might be associated with the event. I waive any and all rights and claims of injuries or damages which I might have against the organizers and sponsors of the event and the Sparta Area Cancer Support, Inc., their representatives, successors and assigns for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and any related activities. (All persons under 18 MUST have a parent or guardian's signature.)

Signature: _____ **Total Donations \$** _____ **Amount Received \$** _____



Individual/Group/Team Name: _____

Group Leaders Name: _____

Apparel Order Form

Group Member:	Size:	Group Logo** Add \$3.00 ea.	2022 Tee \$12.00*	Long Sleeve Tee \$18.00*	Sweat Shirt (crew) \$20.00*/(hoodie) \$25.00*	PAID
1		<input type="checkbox"/> Yes <input type="checkbox"/> No				
2		<input type="checkbox"/> Yes <input type="checkbox"/> No				
3		<input type="checkbox"/> Yes <input type="checkbox"/> No				
4		<input type="checkbox"/> Yes <input type="checkbox"/> No				
5		<input type="checkbox"/> Yes <input type="checkbox"/> No				
6		<input type="checkbox"/> Yes <input type="checkbox"/> No				
7		<input type="checkbox"/> Yes <input type="checkbox"/> No				
8		<input type="checkbox"/> Yes <input type="checkbox"/> No				
9		<input type="checkbox"/> Yes <input type="checkbox"/> No				
10		<input type="checkbox"/> Yes <input type="checkbox"/> No				
11		<input type="checkbox"/> Yes <input type="checkbox"/> No				
12		<input type="checkbox"/> Yes <input type="checkbox"/> No				
13		<input type="checkbox"/> Yes <input type="checkbox"/> No				
14		<input type="checkbox"/> Yes <input type="checkbox"/> No				
15		<input type="checkbox"/> Yes <input type="checkbox"/> No				
16		<input type="checkbox"/> Yes <input type="checkbox"/> No				
17		<input type="checkbox"/> Yes <input type="checkbox"/> No				
18		<input type="checkbox"/> Yes <input type="checkbox"/> No				
19		<input type="checkbox"/> Yes <input type="checkbox"/> No				
20		<input type="checkbox"/> Yes <input type="checkbox"/> No				
21		<input type="checkbox"/> Yes <input type="checkbox"/> No				
22		<input type="checkbox"/> Yes <input type="checkbox"/> No				
23		<input type="checkbox"/> Yes <input type="checkbox"/> No				
24		<input type="checkbox"/> Yes <input type="checkbox"/> No				
TOTAL			\$			

Please Return Completed Form To:

Kathy Culpitt (608) 269-6162
716 Margaret St.
Sparta, WI 54656

* Sizes 2X and up add \$2.00

** If you have a Group Logo, there may be a set-up fee

Youth Tee Sizes Available XS, S, M, L

Hats Available for order \$15

Please make all checks payable to SACS (Sparta Area Cancer Support).



Candles will be lit in memory of the many loved ones that have been taken from us by cancer and in honor of those who are battling or have survived cancer.

Take this opportunity to pay tribute!

Luminaries are \$5.00 each or 3 for \$10.00



Neighbors Helping Neighbors.

All money raised stays local to help patients and their families. A portion of the money raised is also contributed locally for research.

Luminary Order Form:

Your Name: _____
Your Address: _____

I would like to purchase a luminary:

In Memory Of _____
From: _____
In Memory Of _____
From: _____
In Memory Of _____
From: _____
In Honor Of _____
From: _____
In Honor Of _____
From: _____
In Honor Of _____
From: _____

Make Checks Payable to **Sparta Area Cancer Support (SACS)**. Please contact Cheryl Isenee at 608-343-7815 if you have questions. Information is also available at www.spartaareacancersupport.org. Mail luminary form(s) & payment to **SACS PO Box 130, Sparta, WI 54656**.



Candles will be lit in memory of the many loved ones that have been taken from us by cancer and in honor of those who are battling or have survived cancer.

Take this opportunity to pay tribute!

Luminaries are \$5.00 each or 3 for \$10.00



Neighbors Helping Neighbors.

All money raised stays local to help patients and their families. A portion of the money raised is also contributed locally for research.

Luminary Order Form:

Your Name: _____
Your Address: _____

I would like to purchase a luminary:

In Memory Of _____
From: _____
In Memory Of _____
From: _____
In Memory Of _____
From: _____
In Honor Of _____
From: _____
In Honor Of _____
From: _____
In Honor Of _____
From: _____

Make Checks Payable to **Sparta Area Cancer Support (SACS)**. Please contact Cheryl Isenee at 608-343-7815 if you have questions. Information is also available at www.spartaareacancersupport.org. Mail luminary form(s) & payment to **SACS PO Box 130, Sparta, WI 54656**.