

Dear Friends,

The Community Cancer Service "Into the Light" Cancer Awareness Walk has been successful because of friends like you! Volunteers have started planning the 24th annual event that benefits cancer patients of Isabella County who need help paying for their cancer-related expenses.

Community Cancer Services (CCS) is an all-volunteer, non-profit, tax-exempt organization. For over 35 years, we have been serving Isabella County residents dealing with cancer. Since no salaries are paid, approximately 90 cents of every dollar goes directly to help a patient in our

county. Services include financial assistance for transportation cost for trips to receive treatments.

Our annual walk is scheduled for Friday, September 29 from 4:00 - 9:00 p.m. at the Isabella County Fairgrounds. The walk includes a survivor celebration, luminary ceremony, entertainment, food, raffles and more! 100 percent of the proceeds from "Into the Light" benefit cancer patients that are in need of our services.

Please know how much your support means to those that are affected by cancer. We hope that you will consider sponsoring the walk with a monetary contribution. If you have any questions or would like information for forming a team, please contact one of the individuals below.

Gratefully,

Names for the luminaries:

Suzanne Courser (989) 621-4096 or (989) 644-2504	(989) 621-3883	(989) 330-1978
tscourser@msn.com	spcour@charter.net	Call or Text
		Mt. Pleasant, MI 48804-0036. If you have any questions, mber: 38-2415496 www.communitycancer.org
Int	o the Light 2023 Donation l	Form
Opportunities (please check one)		
☐ Hope Sponsor \$1,000+ Includes business name on the	back of the event t-shirt and name	listed in the program.
☐ Enpowerment Sponsor \$500 Includes business name on the	back of the event t-shirt and name	listed in the program.
☐ Friends of CCS Sponsor \$250 Includes business name listed in	n the program.	
Yes, I would like to support Community C	ancer Services Into the Light Cance	er Awareness Walk
☐ Payment enclosed (make check	payable to Community Cancer Ser	vices)
☐ Please invoice me		
Individual or Company Name		
Address		
City, State, Zip		
Phone Email		