Please join us for a sparkly evening to celebrate women and to support the University of Wisconsin’s Gynecologic Oncology Program.

Sit-down dinner, silent auction, wine pull and live program featuring inspirational stories of hope from cancer survivors and their families.

$100 per person. Get your sparkle on!

Please RSVP online at uwhealth.org/sparkle or return reply card by October 10, 2014.

Questions? Contact Katie Williquette (608) 263-0160 or kwilliquette@uwcarbone.wisc.edu
THANK YOU TO OUR SPONSORS

Presenting
John and Jeanne Flesch

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Jim and Cindy Hoyt
The physicians of the UW Division of Gynecologic Oncology

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Beth Blum
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Deborah Hobbins
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United in Hope • United in Celebration
United in Supporting the University of Wisconsin’s Gynecologic Oncology Program
Please reply by October 10, 2014

☐ Please reserve _______ place(s) at $100 per person. $ _________
   ($30 goods and services; $70 tax-deductible donation)

☐ Please reserve _______ table(s) at $800 each (tables of eight) $ _________
   ($240 goods and services; $560 tax-deductible donation)

☐ I am unable to attend, or I would like to make an additional $ _________
   contribution to the UW’s Gynecologic Oncology Program

TOTAL $ _________

Please make my contribution:

In memory of:__________________________________________________________

In honor of:___________________________________________________________

Names of loved ones will be recognized at the event.

RSVP and donate online at uwhealth.org/sparkle
Name*  ______________________________________________________________________

Address  _____________________________________________________________________

City  _________________________________ State _______ Zip ________________________

Phone  _______________________________ E-mail  ________________________________

*For seating purposes, please list names of all attending on the bottom of this card and
indicate whether a vegetarian meal is preferred.

Payment:
Please make checks payable to UW Carbone Cancer Center.
Credit Card: □ MasterCard    □ VISA    □ American Express

Number  _____________________________ Expiration Date  ______________

Signature  ___________________________________________________________________

Questions? Call (608) 263-0160

Names attending and meal choice:

____________________________________    ______________________________________

____________________________________    ______________________________________

____________________________________    ______________________________________

____________________________________    ______________________________________
Please join us for
Sparkle of Hope