

STOP THE STIGMA 5K 2026 SPONSOR LIST

I, _____ plan to walk/run in Interfaith Social Services' 52nd Annual Stop the Stigma 5K.
Your support will fund counseling services for local individuals in need, and help to eliminate the stigma of mental illness and addiction in our community.
Please print clearly on this form, and please make your check payable to **Interfaith Social Services**.

NAME	ADDRESS	EMAIL	ONLINE	CASH / CHECK	RECEIVED
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

TO BE COMPLETED BY INTERFAITH'S STAFF:

CHECKS: \$ _____ + CASH: \$ _____ = TOTAL: \$ _____ INITIALS OF COUNTER: _____

TOTAL PLEDGES \$

Please turn in this sheet, along with all pledge money, to Interfaith Social Services in person or by mail: 105 Adams St., Quincy, MA 02169.

Donors are responsible for notifying partipants of all donations made to them online.

ASK YOUR COMPANY FOR MATCHING FUNDS!