STOP THE STIGMA 5K 2019 SPONSOR LIST

I, _____ plan to walk/run in the **45th Annual Stop the Stigma 5K** for Interfaith Social Services on **April 27, 2019.**

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
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
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			$	$	
			$	$	
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			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	

TO BE COMPLETED BY INTERFAITH'S STAFF:

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

TOTAL PLEDGES $

PLEASE BRING THIS SHEET WITH YOU TO THE KENNEDY CENTER ON APRIL 27, 2019. TURN IT IN ALONG WITH YOUR TOTAL PLEDGE MONEY.

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

ASK YOUR COMPANY FOR MATCHING FUNDS!