



LEGACY OF CARE HEALTH CENTER, INC.

www.legacyofcare.net Email: legacyofcare@comcast.net

"Building a healthy community is our legacy."

Letter of Support

Date: _____

To Whom It May Concern:

I, _____ hereby certify that I live at
the following address _____

and that I provide _____ with food
and shelter, and that this person does not have a job at the present time.

Sincerely,

_____ Signature

Print Name