



TOWN OF CONWAY

P.O. Box 2680 Conway, New Hampshire 03818

(603) 447-3811
www.conwaynh.org

Statement of Support

Date: _____

To Whom It May Concern:

I, _____, have been helping _____
since (month/day/year) _____ while he/she is working to become
self sufficient or waiting for public assistance. The support provided is a gift / loan. The amount
of money I provide each month is the (Circle) same / varies.

Financial support provided is paid directly to _____
vendor/client/ other (Circle) by means of cash/money order/check/direct deposit/in kind (Circle).

I can continue this arrangement until _____
or until unforeseen circumstances prevent me from assisting. I would also like to note: _____

Sincerely,

Signature

For questions or clarification, I can be reached at the following contacts:

Phone: _____ Cell: _____

Mailing address: _____