



Bond Community Health Center, Inc.

Letter of Support/ Sponsorship

Date: _____

Name of patient: _____ Date of Birth: _____

Address: _____

Phone number: _____

Name of person providing support: _____

Relationship to the patient: _____

Address: _____

Phone number: _____

I _____, hereby honestly state that I am
providing care and financial support to Mr./Mrs./Ms.: _____,
in the approximate monthly amount of \$ _____, until he/she can financially
provide for self.

Signature: _____ Date: _____

Notary Public

Signature: _____

Sworn and subscribed before me on _____ day of, _____

NOTARY STAMP