



Matthews Free Medical Clinic  
**LETTER OF SUPPORT**

Date: \_\_\_\_\_

I, \_\_\_\_\_ (name of person providing support), provide support in the following way(s) (circle all that apply):    pay rent    pay utilities    other \_\_\_\_\_  
for \_\_\_\_\_ (person being supported). I provide support in amount of \$ \_\_\_\_\_ per month (dollar value of support).

_____	_____	_____
Printed Name	Signature	Relationship to Patient
_____		_____
Address		Phone Number

**\*IF MORE THAN ONE PERSON IS SUPPORTING YOU, YOU WILL NEED TO GET A LETTER OF SUPPORT FROM EACH ONE.**