

MONETARY CONTRIBUTION VERIFICATION

Date: _____

RE: _____

Social Security Number: _____

I, _____, am receiving, on a regular basis, a monetary

contribution in the amount of \$ _____ from

_____, Social Security #_____

I certify that the above information is true and correct to the best of my knowledge.

Signature of Recipient

Printed Name of Recipient

Date

WARNING: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.