



LEGACY OF CARE HEALTH CENTER, INC.

7307 North Main Street 32208

www.legacyofcare.com 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