



Muslim American Social Services (MASS)

Letter of Support

Date: _____

TO WHOM IT MAY CONCERN:

I, _____, am providing support for
_____ (*patient's name*).

I provide: ☐ Housing
 ☐ Basic Necessities
 ☐ Other: _____

Information of the person providing support:

Name: _____

Address: _____

Signature and date: _____

Notary Stamp & Information:

Sworn and subscribed before me this day _____