Company Letterhead (Required)

DATE

ABC Business

1234 Main Street

Any-town, PA 00000

To Whom It May Concern:

On behalf of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_insert your business name), FEIN \_\_-\_\_\_\_\_\_\_\_\_\_, (FEIN # required) I would like to affirm our commitment of $\_\_\_\_\_\_\_\_\_\_\_\_ for fiscal year 2024-2025 to New Hope Ministries of Dillsburg PA.

We understand that this will be considered under the Neighborhood Assistance Program, Charitable Food Program and would receive 55% in state tax credits on this amount, if the application is approved.

We look forward to our continued support of the charitable food program through New Hope Ministries.

Sincerely,

Name

Title

Contact info

Email (required)