

## Company Letterhead

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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 2021-2022 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)