



VERIFICATION OF CASH MONEY CONTRIBUTED:

I, _____, do hereby swear or affirm that I

Contribute the sum of \$ _____ per (____) week or month (____) to

(Recipient's Name) (Recipient's Address)

As a contribution for family expenses:

Dated this _____ day of _____, 20_____

(Print Name) (Address)

(Signature) (City/State/Zip Code)

() _____
(Telephone) (Social Security#)

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF FELONY FOR KNOWINGLY AND WILLINGLY FALSE OR FRADULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Subscribes and sworn to before me, a notary public, in and for the County of

_____, State of _____, this _____ day

Of _____ 20_____.

Notary Public

My Commission Expires