

Statement of Contributions

This form may be used to provide information to verify the contributions you have reported. This form must be signed and dated by you *and* by the person giving/loaning you money (the contributor). If more than one person is giving/loaning you money, please complete a separate form with each person.

To be completed by the Contributor:

Your Name: _____ Phone Number: _____

I attest that I am giving/loaning money (circle one) to _____ in the amount of \$_____ per week/month (circle one).

This assistance is a: Gift **or** Loan (check one).

Please select **one** of the following:

This gift/loan is expected to continue.

OR

This gift/loan is **not** expected to continue. Date of last payment: _____

Sign below to certify that the information on this form is true and complete to the best of your knowledge.

Contributor Signature: _____ **Date:** _____

To be completed by the Client:

Your Name: _____

Case Number (if known): _____

Sign below to certify that the information on this form is true and complete to the best of your knowledge.

Client Signature: _____ **Date:** _____

Return to: Centralized Scanning Unit (CSU) P.O. Box 181 Concord NH 03301

This institution is an equal opportunity provider.