

Organization name:
Program Contact Name:
Program Contact Phone #:
Program Contact Email:
Business Mailing Address:
City, State and Zip Code:



United Way of
Lancaster County

Date:

Re: Monthly declaration of funds raised for Level Up & Launch

To whom it might concern:

I, _____, of _____
confirm that our organization has raised the amount of \$ _____

Documentation supporting that these funds were raised during the match fund period, and were designated to our Level Up and Launch program is attached to this letter. In the event you would like to verify these funds any further, please contact me at the phone number or email address listed above.

Sincerely,

(Organization Officer's Signature)

(Title)