



**Maternal & Family  
Health Services**

15 Public Square, Suite 600,  
Wilkes-Barre, PA 18701

800.367.6347

[mfhs.org](http://mfhs.org)

## Verification of Cash Contribution

Contributor's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

To whom it may concern:

This is a request to verify your contribution of money to the household of:

(Enter Individuals First and Last Name) \_\_\_\_\_

in order to determine their eligibility for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

You are asked to keep this inquiry confidential.

Please complete the bottom portion and return the entire letter to your local WIC Center.

Thank you for your cooperation.

Sincerely,

WIC Program

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Amount of regular monetary contributions \$ \_\_\_\_\_

Frequency of monetary contribution to this household: \_\_\_\_\_

\_\_\_\_\_  
Signature of Contributor

\_\_\_\_\_  
Date

