



## Letter of Support

### Program Information

Name of the Program (or Project):

### Contact Information

Supporter Name

Title/Role

Organization

Phone Number

Email

Organization Mailing  
Address

**Briefly describe your primary level of support within this program partnership.**

Please include services, space, equipment, materials, staff time, or other resources that your organization will be committing to the program.

*This form should only be filled out by the primary program partner/supporter indicated above, not by the community impact grant applicant.*

**United Way  
of Rutland County**

[www.uwrutlandcounty.org](http://www.uwrutlandcounty.org)



United Way fights for the health, education, and financial stability of every person in every community.