

**(Name of company or institution)
Address
(City, State, ZIP)**

Dear Good Will Administrator:

[Name]

**My address
is
(City, State, ZIP)**

(Dear [Name])

Thank you for your affiliation with [organization].

Please accept this letter as a recognition of your support.

Under the terms of the [Name] plan, you are asked to contribute to the plan in your [organization] account. Therefore, your contributions will not be subject to your income tax. You are not to be considered a donor until you have made your first payment to the [organization] for that contribution.

Your address is [Name], [Address], [City, State, ZIP]. (If you are not a resident of [State], please provide your [State] address.)

In order to be eligible for the [Name] plan, you must be a resident of [State] at the time of your contribution. If you are not a resident of [State] at the time of your contribution, you must be a resident of [State] at the time of your contribution. If you are not a resident of [State] at the time of your contribution, you must be a resident of [State] at the time of your contribution.

Please contact your accountant or tax professional for more information.

Sincerely,

(Name of person acting as Good Will Administrator)