

MEDICAL OUTREACH MINISTRIES
1401 E. SOUTH BLVD, MONTGOMERY, AL 36116
PH: (334) 281-8008 FAX: (334) 558-0357
EMAIL: jimmy.barnes@med-outreach.org

Applicant Name: _____

Mailing Address: _____

City/State/ZIP: _____

(Name of person providing support) _____ provides food, lodging, transportation, and/or financial support to the above applicant(s).

(person providing support must sign here in front of a Notary Public) Date: _____

State of Alabama

County of _____

(Notary Public Name) _____ hereby certifies that the above whose name is signed to the foregoing conveyance, and who knows to me, acknowledged before me on this day that, being informed of the contents of the conveyance, he/she executed the same voluntarily on the day of the same bears date.

Given under my hand this _____ day of _____, 20__

SEAL BELOW

(Notary Public in and for said County, in said State)