



Name/Professional Title:

Phone Number:

Email:

Date:

RE: Caring Breaths Financial Assistance Program Letter of Support

Dear The Lung Association of Saskatchewan,

Please accept my letter of support for (applicant's name)

The applicant is requesting financial support from the program because

(please include information about the applicant's lung health related diagnosis

and why they require this service/program/equipment/etc.)

Regards,

Please return the completed letter of support to caringbreaths@sk.lung.ca