

Family Support Agreement for Financial Contributions

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

This letter serves as a formal agreement regarding the financial contributions that I, [Your Name], agree to provide for [reason for support, e.g., education, living expenses, medical costs, etc.]. The details of this agreement are as follows:

1. Contribution Amount

I agree to contribute a total amount of [Insert Amount] per [week/month/year] to support you in your [specific needs].

2. Payment Schedule

The payment will be made on the [insert specific day, e.g., first day of each month] via [payment method, e.g., bank transfer, check, etc.].

3. Duration of Support

This agreement will be effective from [Start Date] and will continue until [End Date or condition for termination].

4. Review and Amendments

This agreement will be reviewed every [insert interval, e.g., 6 months] to assess its effectiveness and make any necessary amendments.

Please sign below to indicate your acceptance of this agreement.

Sincerely,

[Your Name]

[Your Contact Information]

Accepted by:

[Recipient's Name]

Signature: _____

Date: _____