

Committee Membership Confirmation

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to confirm your membership on the [Name of the Social Service Agency] Committee. Your commitment to serving our community and your expertise in [relevant field/experience] will be invaluable to our mission.

Your term will commence on [Start Date] and will end on [End Date]. We look forward to your contributions during our meetings, scheduled for [insert meeting frequency and times if known].

Please let us know if you have any questions or require further information. We are thrilled to have you on board and look forward to working together to make a positive impact in our community.

Thank you for your willingness to serve.

Sincerely,

[Your Name]

[Your Title]

[Social Service Agency Name]

[Contact Information]