Date

Kimberly Monson, Program Coordinator

Healthy Community Partnership

Johns Hopkins Bayview Medical Center

5300 Alpha Commons Drive

Baltimore, MD 21224

Dear Ms. Monson:

As Pastor of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Church, I hereby submit this letter of endorsement and support for Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the Congregational Depression Awareness Program sponsored by Johns Hopkins Bayview Medical Center. I understand and concur with the mission of this program to assist churches in effectively supporting members of the congregation and community who may be living with clinical depression.

I certify that Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been a member of our congregation for \_\_\_\_\_years, and is involved in/or gives leadership to the ministries and/or organizations listed in their application. I offer the following additional information (skills, knowledge, experience not included in the application) regarding Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that illustrates her/his commitment to this type of program as well as ability to coordinate congregational events:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I further agree that he/she will have the full support of myself and congregational leadership in implementing this program within our faith community; inclusive of coordinating congregation-wide educational programs on depression, and organizing two one-hour classes for individuals interested in learning more about depression, treatment options, and community resources.  You may contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ should further information be needed.

Sincerely,