

Volunteer Service Completion Letter

Date: _____

To Whom It May Concern,

This letter serves to confirm that **[Volunteer's Name]** has successfully completed their volunteer service with **[Organization Name]** for the healthcare initiatives program.

[Volunteer's Name] contributed a total of **[Number of Hours]** hours from **[Start Date]** to **[End Date]**, providing vital support in various capacities, including **[Briefly describe volunteer activities]**.

We are grateful for their dedication and significant impact on our community's health and well-being.

Thank you for your attention.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Contact Information]