

Annual Fee Waiver Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Organization's Name]

[Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request a waiver of the annual fee for [specific fee, e.g., membership, service, etc.] due to financial hardship.

Due to [briefly explain your financial situation, e.g., loss of job, medical expenses, etc.], I am currently facing challenges that make it difficult to meet this financial obligation. I have attached documentation to support my claim.

I am committed to maintaining my affiliation with [Organization's Name] and hope to continue to be an active member. I kindly ask you to consider my situation and grant me a waiver for this year's fee.

Thank you for considering my request. I look forward to your understanding and support.

Sincerely,

[Your Name]