

Withdrawal from Healthcare Program Enrollment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Healthcare Program Name]

[Program Address]

[City, State, ZIP Code]

Dear [Recipient Name],

I am writing to formally withdraw my enrollment from the [Healthcare Program Name], effective immediately. My decision to withdraw is based on [brief reason if desired].

My enrollment details are as follows:

- Enrollment ID: [Your Enrollment ID]
- Date of Enrollment: [Date]

Please confirm the processing of my withdrawal and any necessary steps I need to take. Should you need any further information, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]