

# Request for Donation

Date: [Insert Date]

[Your Name]

[Your Position]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Dear [Donor's Name],

I hope this letter finds you well. I am writing to you on behalf of [Organization Name], a nonprofit organization dedicated to improving the lives of patients affected by [specific diseases or conditions]. Our mission is to provide essential patient assistance programs to those who are in need, ensuring they have access to necessary medications and resources.

As you may know, [briefly explain the specific challenges faced by patients, e.g., rising drug costs, lack of insurance coverage]. In light of these challenges, we are reaching out to request your generous support through a donation to our patient assistance programs.

Your contribution will directly assist patients who are struggling to afford their medications and will help us continue our vital work in the community. Any amount you could provide would be greatly appreciated and would make a significant impact on the lives of those we serve.

We would be happy to provide any additional information you may need about our programs and how your donation will be utilized. Together, we can make a difference for those who need it the most.

Thank you for considering our request. We look forward to the possibility of partnering with you to improve the health and wellbeing of our community. Please feel free to contact me at [your phone number] or [your email] if you have any questions or would like to discuss this further.

Sincerely,

[Your Name]

[Your Position]

[Organization Name]