

Partnership Renewal Proposal

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Organization]

[Your Address]

[City, State, Zip Code]

[Recipient Name]

[Recipient Title]

[Recipient Organization]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We hope this letter finds you well. As we approach the expiration of our current partnership agreement, we would like to take this opportunity to express our gratitude for the fruitful collaboration we have had in the past [duration of partnership].

We are writing to propose the renewal of our partnership, as we believe that continued collaboration will further enhance our mutual goals in providing exceptional healthcare services to our community. Together, we have made significant strides in [briefly mention specific achievements or initiatives].

We propose the following terms for renewal:

- Duration: [Insert duration]
- Shared Goals: [Insert shared goals]
- Financial Arrangements: [Insert financial terms]
- Additional Services: [Insert any additional services or support]

We are confident that by renewing our partnership, we can continue to make a positive impact and explore new opportunities that benefit both organizations and the communities we serve.

We would appreciate the opportunity to discuss this proposal in further detail and address any questions you may have. Please feel free to contact me directly at [Your Phone Number] or [Your Email Address].

Thank you for considering our proposal. We look forward to the possibility of continuing our partnership.

Sincerely,

[Your Name]
[Your Title]
[Your Organization]