

Membership Termination Request

Date: [Insert Date]

[Charity Organization's Name] [Charity Organization's Address] [City, State, Zip Code]

Dear [Charity Organization's Name],

I am writing to formally request the termination of my membership with your organization, effective immediately.

My membership details are as follows:

- Name: [Your Full Name]
- Membership ID: [Your Membership ID]
- Email: [Your Email Address]
- Phone: [Your Phone Number]

While I have appreciated being a member and the work your organization does, I have decided to discontinue my membership at this time. Please confirm the termination of my membership and ensure that no further correspondence or charges are sent to me.

Thank you for your attention to this matter. I wish your organization continued success.

Sincerely,

[Your Name] [Your Address] [City, State, Zip Code]