

# Wellness Program Withdrawal Notice

Date: [Insert Date]

To: [Program Coordinator's Name]

[Program Coordinator's Address]

[City, State, Zip Code]

Dear [Program Coordinator's Name],

I am writing to formally notify you of my decision to withdraw from the [Name of Wellness Program]. My last participation date will be [Insert Last Participation Date].

While I have appreciated the opportunities provided through the program, I have decided to discontinue my participation due to [briefly state reason, if comfortable].

Thank you for your understanding. I wish the program continued success in the future.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]