

# Request for Financial Assistance

Date: [Insert Date]

[Your Name]

[Your Title]

[Clinic Name]

[Clinic Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Organization's Name]

[Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request financial assistance for the expansion of [Clinic Name]. As you may be aware, our clinic has been dedicated to providing high-quality healthcare services to our community for the past [number] years. Due to a significant increase in patient demand and a growing need for additional services, we are planning to expand our facilities.

The proposed expansion includes [briefly outline the expansion plans, such as additional exam rooms, specialized services, etc.]. This will not only enhance our capacity but also improve the quality of care for our patients, ensuring they receive timely and comprehensive treatment.

In order to proceed with this expansion, we estimate the total cost to be [insert amount]. We are seeking financial assistance in the amount of [insert requested amount] to help make this project a reality. We believe that with your support, we can ensure that [Clinic Name] continues to serve our community effectively.

We would greatly appreciate the opportunity to discuss this request further and explore potential partnership options. Thank you for considering our appeal. I look forward to your positive response.

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]