

# Request for Financial Assistance

Date: [Insert Date]

To: [Pastor's Name]

[Church Name]

[Church Address]

[City, State, Zip]

Dear Pastor [Last Name],

I hope this message finds you well. I am writing to request financial assistance from our church for medical expenses that I am currently facing. Due to [briefly explain your medical condition or situation], I have encountered unexpected medical costs that have placed a significant strain on my finances.

As you know, I have always valued our church community and the support it provides to its members. I am reaching out in the hope that the church might be able to assist me during this difficult time. The total amount of assistance I am seeking is [insert amount].

I am willing to provide any necessary documentation regarding my medical expenses and my financial situation. I appreciate any help that the church can provide, whether it is a direct contribution or guidance in navigating other resources available to me.

Thank you for considering my request. I appreciate your support and look forward to your kind response.

Warm regards,

[Your Name]

[Your Address]

[City, State, Zip]

[Your Phone Number]

[Your Email Address]