

Confirmation of Sponsorship

Date: [Insert Date]

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

Dear [Sponsoring Organization's Contact Name],

We are pleased to confirm your generous sponsorship of the [Project Name] at [Hospital Name]. Your commitment of [insert sponsorship amount or resources] will greatly enhance our efforts to [briefly describe project goals or intended outcomes].

This sponsorship will help us to [describe how the sponsorship will be used and its impact on the hospital/community]. We are grateful for your support and partnership in this important endeavor.

Should you have any questions or require further information, please do not hesitate to contact us at [Your Contact Information].

Thank you once again for your support.

Sincerely,

[Your Name]
[Your Position]
[Hospital Name]
[Hospital Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]