

Revocation of Health Newsletter Subscription

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Newsletter Subscription Service Name]

[Company Address]

[City, State, Zip Code]

Dear [Subscription Service Name],

I am writing to formally revoke my subscription to the health newsletter that I have been receiving. My details are as follows:

Subscriber Name: [Your Name]

Subscription Email: [Your Subscription Email]

Subscription ID (if applicable): [Your Subscription ID]

Please consider this letter as my official notice to cancel my subscription effective immediately. I would appreciate a confirmation of the cancellation at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Name]