

Withdrawal from Health Newsletter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

To: [Newsletter Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Provider's Name],

I am writing to formally withdraw my subscription from your health newsletter with immediate effect. My email address associated with the subscription is [Your Email].

I appreciate the information and insights provided in your newsletters; however, I have decided to discontinue my subscription at this time.

Thank you for your understanding.

Sincerely,

[Your Name]