

# Request for Fee Waiver

Date: [Insert Date]

[Your Name]

[Your Title]

[Nonprofit Organization Name]

[Organization Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

[Recipient Name]

[Recipient Title]

[Recipient Organization Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are writing to request a waiver of fees for [specific services or programs] provided by [Recipient Organization Name]. As a nonprofit organization dedicated to [briefly explain your mission and purpose], we strive to serve our community by [describe services provided].

Due to [explain your financial situation briefly or any extraordinary circumstances], we are unable to afford the fees associated with these services. A fee waiver would significantly assist us in continuing our efforts to [mention specific goals or objectives].

We appreciate your consideration of our request and hope to discuss this matter further. Thank you for your support of nonprofit organizations like ours.

Sincerely,

[Your Name]

[Your Title]

[Nonprofit Organization Name]