

Confirmation of Appointment

Date: [Insert Date]

Dear [Recipient's Name],

We are pleased to confirm your appointment for assistance coordination services for legally blind individuals. Below are the details of your scheduled appointment:

- **Date:** [Insert Appointment Date]
- **Time:** [Insert Appointment Time]
- **Location:** [Insert Location]
- **Contact Person:** [Insert Contact Name]
- **Phone Number:** [Insert Contact Number]

Please arrive at least 10 minutes early to complete any necessary paperwork.

If you have any questions or need to reschedule, feel free to contact us at [Insert Contact Information].

Thank you, and we look forward to serving you.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]