

Your Name  
Your Address  
City, State, Zip Code  
Email Address  
Phone Number  
Date

[Recipient's Name]  
[Recipient's Title/Position]  
[Organization's Name]  
[Organization's Address]  
City, State, Zip Code

Dear [Recipient's Name],

I am writing to inquire about any available assistance programs for individuals who are legally blind. As a person who is navigating daily life with visual impairment, I am interested in understanding the resources and support that your organization provides.

Specifically, I would like to know about the following:

- Types of assistance programs available
- Eligibility criteria
- Application process and required documentation
- Any outreach or support services offered

Any information you could provide would be greatly appreciated. Thank you for your attention to this matter, and I look forward to your prompt response.

Sincerely,  
[Your Name]