

Annual Fee Waiver Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Organization Name]

[Organization Address]

[City, State, ZIP Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally request a waiver for the annual fee due to unforeseen family circumstances that have placed a significant financial burden on our household.

In [briefly describe your situation, e.g., medical emergencies, loss of employment], our family is facing challenges that have impacted our ability to meet this financial obligation. I truly value [mention any relevant affiliation or membership] and would greatly appreciate your consideration of my request.

I have attached any supporting documents to assist in evaluating my situation. Thank you for considering my request. I look forward to your understanding and support.

Sincerely,

[Your Name]