

# Request for Annual Fee Waiver

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Organization's Name]

[Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a waiver for the annual fee due to my disability. Due to [briefly explain your disability and how it affects your financial situation], I am currently facing significant financial hardships.

I have attached the necessary documentation supporting my request, including [list of documents, e.g., medical records, income statements]. I kindly ask you to consider my situation and grant me a waiver for the upcoming annual fee.

Thank you for considering my request. I look forward to your understanding and support. Please feel free to contact me if you require any additional information.

Sincerely,

[Your Name]