

Request for Annual Fee Waiver

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[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 my annual fee due to financial hardship. Unfortunately, I have been facing unexpected financial challenges that have made it difficult for me to meet my financial obligations.

Due to [brief explanation of financial situation, e.g., job loss, medical expenses], I am currently unable to pay the annual fee of [specify amount]. I have always valued my association with [Organization's Name] and hope to continue my participation in your programs and services.

I kindly ask you to consider my request for a fee waiver or any available assistance programs that could help alleviate my financial burden during this challenging time. I appreciate your understanding and support.

Thank you for considering my request. I look forward to your positive response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]