

Notice of Discontinuation of Benefits

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to formally inform you that, effective [Insert Effective Date], your benefits through the [Chamber of Commerce Name] will be discontinued. This decision has been made after careful consideration and is part of our strategy to refocus our resources.

We greatly appreciate your participation in our programs and services during your time with us. Although we will no longer be able to offer these benefits, we encourage you to stay connected with our community and explore any future opportunities that may arise.

If you have any questions or require further clarification regarding this decision, please do not hesitate to contact us at [Contact Information].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Chamber of Commerce Name]

[Contact Information]