

# Collaborative Referral Partnership Request

[Your Name]

[Your Title]

[Your Organization]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am reaching out to propose a collaborative referral partnership between [Your Organization] and [Recipient's Organization]. Our organizations share a common goal of providing exceptional services to our clients and working together could enhance the impact we have in our community.

At [Your Organization], we specialize in [brief description of your services]. We believe that by partnering with you, we can offer our clients a more comprehensive suite of services that meet their needs more effectively.

We would love the opportunity to discuss this partnership further and explore ways to collaborate for mutual benefit. Please let me know your availability for a meeting in the upcoming weeks.

Thank you for considering this partnership. I look forward to the possibility of working together to serve our communities.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]