Request for Hardship Consideration

Date: [Insert Date]

| [Your Name] |
|---|
| [Your Address] |
| [City, State, Zip Code] |
| [Email Address] |
| [Phone Number] |
| To Whom It May Concern, |
| I hope this message finds you well. I am writing to formally request consideration for hardship accommodations at [Fitness Center Name]. Due to [briefly explain your situation, e.g., financial difficulties, medical conditions, etc.], I am finding it increasingly challenging to maintain my membership under the current terms. |
| I have greatly valued the services provided by [Fitness Center Name], and it has played a significant role in my well-being. I would appreciate the opportunity to discuss possible options that would allow me to continue my membership during this difficult time. |
| Thank you for considering my request. I look forward to your understanding and would appreciate a response at your earliest convenience. |
| Sincerely, |
| [Your Name] |