

Health Service Partnership Request

[Your Name]

[Your Position]

[Your Organization]

[Organization Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Position]

[Recipient's Organization]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to express our interest in establishing a partnership between [Your Organization] and [Recipient's Organization]. We believe that collaborating on health services can enhance our ability to provide quality care and support to our communities.

[Briefly describe your organization and its mission, along with any relevant accomplishments or services offered. Explain how a partnership would benefit both organizations and the community.]

We are particularly interested in discussing opportunities related to [specific services, programs, or projects you would like to collaborate on]. We are keen to explore how we can align our resources and expertise to make a significant impact.

Please let me know a convenient time for us to meet and discuss this potential partnership further. I can be reached at [Your Phone Number] or [Your Email Address].

Thank you for considering this opportunity. I look forward to your positive response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]

[Your Position]

[Your Organization]