

Hospital Affiliation Proposal

[Your Name]
[Your Position]
[Your Organization]
[Your Address]
[City, State, Zip]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Position]
[Recipient Organization]
[Recipient Address]
[City, State, Zip]

Dear [Recipient Name],

I hope this letter finds you well. I am writing to propose a potential affiliation between [Your Organization] and [Recipient Organization]. We believe that a partnership could greatly enhance our services and provide comprehensive care for our patients.

Our organization has a long-standing commitment to [mention any relevant commitment, e.g., community health, innovation in patient care], and we are impressed by the quality of care and services provided by [Recipient Organization]. By collaborating, we can leverage our strengths and resources to improve patient outcomes and expand our range of services.

We would like to schedule a meeting to discuss this proposal further and explore how we can work together to achieve our mutual goals. Please let me know your availability in the coming weeks.

Thank you for considering this opportunity. I look forward to the possibility of working together.

Sincerely,

[Your Name]
[Your Position]
[Your Organization]