

# Notice of Debt Relief Through Consolidation

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to inform you that you qualify for a debt relief program through consolidation. This program is designed to help you manage your debts more effectively by combining multiple debts into a single, lower monthly payment.

Key Benefits of Debt Consolidation:

- Lower monthly payments
- Reduced interest rates
- Single payment plan

Your current debts amount to [Insert Total Debt Amount]. Through our debt consolidation program, you can reduce your payments to approximately [Insert New Payment Amount].

If you would like to learn more about this opportunity, please contact us at [Insert Contact Number] or [Insert Email Address].

We look forward to assisting you on your journey toward financial relief.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, Zip Code]