

# Letter of Intent to Enroll in Smoking Cessation Support Group

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Organization's Name]

[Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to express my intent to enroll in the smoking cessation support group offered by [Organization's Name]. I am committed to quitting smoking and believe that participating in a support group would provide me with the encouragement and resources needed to achieve my goal.

Having struggled with smoking for [duration], I am determined to take this important step towards improving my health and well-being.

Please let me know the steps I should take to complete my enrollment and if there are any important dates or meetings I should be aware of.

Thank you for your assistance. I look forward to being part of this supportive community.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]