

Request for Pro Bono Counseling Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Counselor's Name]

[Counseling Center/Organization Name]

[Center's Address]

[City, State, Zip Code]

Dear [Counselor's Name],

I hope this message finds you well. I am writing to formally request pro bono counseling services. Due to [briefly explain your situation, e.g., financial constraints, personal hardships], I am unable to afford traditional counseling services.

I believe that with the right support, I can [briefly describe your goals, e.g., overcome certain challenges, improve mental health]. Therefore, I would greatly appreciate any assistance you may provide in this matter.

Thank you for considering my request. I look forward to the possibility of working with you and appreciate any help you can extend.

Sincerely,

[Your Name]