

Pro Bono Medical Service Request

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

Dear [Recipient's Name],

I hope this letter finds you well. My name is [Your Name], and I am writing to request your assistance in providing pro bono medical services for [brief description of the individual or group in need, e.g., "low-income individuals in our community"].

Due to [explain the circumstances or issues leading to the request, e.g., "financial constraints"], many individuals are unable to access necessary medical care. We believe that your expertise and compassionate care could significantly impact the lives of those we serve.

We are seeking [specify the type of medical services needed, e.g., "routine check-ups, dental care, etc."], and we would be grateful for any support you can provide. We would be happy to discuss how this collaboration could be structured to maximize the benefits for our community.

Thank you for considering our request. I look forward to your positive response and hope to work together to improve the health and well-being of those in need.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]