

# Letter of Acknowledgment

Date: [Insert Date]

To: [Beneficiary's Name]

[Beneficiary's Address]

Dear [Beneficiary's Name],

We are pleased to acknowledge the receipt of your application for services related to HIV/AIDS support. Your commitment to accessing essential health services is commendable.

This letter serves as a formal acknowledgment of your eligibility and inclusion in our program. We appreciate your willingness to engage with our services designed to provide medical, emotional, and social support.

If you have any questions or require further assistance, please do not hesitate to reach out to us at [Organization's Contact Information].

Thank you for your courage and dedication.

Sincerely,

[Your Name]

[Your Position]

[Organization's Name]

[Organization's Address]

[Organization's Phone Number]