

Partnership Proposal

[Your Name]

[Your Title]

[Your Healthcare Facility Name]

[Your Facility Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Recipient Title]

[Recipient Healthcare Facility Name]

[Recipient Facility Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are writing to propose a partnership between [Your Healthcare Facility Name] and [Recipient Healthcare Facility Name]. With our shared commitment to providing exceptional healthcare services, we believe that collaboration between our facilities could lead to improved patient outcomes and enhanced service offerings.

Our proposal outlines key areas of potential collaboration, including:

- Joint community health initiatives
- Shared resources and expertise in specialized care
- Co-hosting workshops and training programs

We are excited about the possibility of working together and would love the opportunity to discuss this proposal in more detail. Please let us know a convenient time for a meeting.

Thank you for considering this partnership opportunity.

Sincerely,

[Your Name]

[Your Title]

[Your Healthcare Facility Name]