

Medical Equipment Donation for Community Health Clinics

Date: _____

To:

Community Health Clinic

Address Line 1

Address Line 2

City, State, Zip Code

Dear [Recipient's Name],

We are pleased to inform you that [Your Organization's Name] is committing to donate medical equipment to support your valuable work at [Community Health Clinic Name].

Through our donation, we aim to enhance the quality of care provided to your patients and assist in addressing the healthcare challenges faced by the community. The equipment we intend to donate includes:

- [Equipment Name 1]
- [Equipment Name 2]
- [Equipment Name 3]

We hope that this contribution will aid in your mission to provide comprehensive and quality healthcare services. We would like to schedule a delivery date and discuss any specific needs or preferences you may have regarding the equipment.

Please feel free to reach out to me at [Your Contact Information] to confirm details or for any inquiries you may have.

Thank you for your commitment to our community's health.

Sincerely,

[Your Name]

[Your Position]

[Your Organization's Name]

[Your Contact Information]