

Request for Compassionate Care Funding

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request funding for compassionate care for [Name of Patient/Individual]. Due to [brief explanation of the situation, such as illness or hardship], we are in urgent need of financial assistance to provide the necessary care.

[Provide detailed information regarding the patient's condition, the type of care needed, and why this funding is essential.]

We are reaching out to your organization as we believe that your support can make a significant difference in [Name of Patient/Individual]'s life during this challenging time.

Thank you for considering our request. I am hopeful for your positive response.

Sincerely,

[Your Name]

[Your Title/Relationship to Patient (if applicable)]