

Notification Letter

Date: [Insert Date]

To,

[Beneficiary's Name]

[Beneficiary's Address]

[City, State, ZIP Code]

Dear [Beneficiary's Name],

We are pleased to inform you that you have been identified as a beneficiary for the [describe the program or benefit] due to your eligibility criteria.

This program will provide you with [details about the benefit, e.g., financial support, healthcare services, etc.]. The expected date of commencement is [insert date].

Please acknowledge the receipt of this notification and confirm your acceptance of the benefits by [insert response deadline]. Should you have any questions or require further assistance, feel free to contact us at [insert contact information].

Thank you for your attention to this important matter.

Sincerely,

[Sender's Name]

[Sender's Title]

[Organization Name]

[Organization Address]

[City, State, ZIP Code]

[Phone Number]

[Email Address]