

Charity Funding Request

Date: [Insert Date]

[Your Name]

[Your Position]

[Hospital Name]

[Hospital Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Donor Organization Name]

[Donor Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this letter finds you well. I am writing to you on behalf of [Hospital Name], dedicated to providing quality healthcare services to our community. We are seeking your support through charitable funding to enhance our facilities and services.

As you may know, [describe the hospital's mission and the community it serves]. Over the past [number] of years, we have worked tirelessly to improve patient care and expand our services. However, with increasing demands, we now face challenges that require additional financial support.

We have identified several key areas where your generous contribution can make a significant impact:

- [Area 1: Description]
- [Area 2: Description]
- [Area 3: Description]

Your support would not only help us achieve these goals but also improve the lives of countless individuals and families in our community. We would be grateful for any assistance you could provide.

Thank you for considering our request. I would be happy to discuss this further and explore how we can work together to benefit our community. Please feel free to contact me at [Phone Number] or [Email Address].

Sincerely,

[Your Name]

[Your Position]

[Hospital Name]