

# Funding Request for Hospital Charity Program

Date: [Insert Date]

[Your Name]  
[Your Title]  
[Your Organization Name]  
[Organization Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

[Recipient Name]  
[Recipient Title]  
[Recipient Organization Name]  
[Organization Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to seek your support for our hospital charity program, [Program Name], which aims to provide essential healthcare services to underprivileged members of our community.

Our program has successfully [insert brief success stories or statistics], and we are now at a critical juncture where additional funding is required to [explain what the funds will be used for]. We aim to raise [insert amount] to ensure continued operation and expansion of our services.

We believe that with your support, we can make a significant impact in the lives of many individuals who lack access to necessary healthcare resources. We would be honored to partner with [Recipient Organization Name] in this noble cause.

Thank you for considering our request. I would be happy to discuss this further and provide any additional information you may need. I look forward to your positive response.

Sincerely,

[Your Name]  
[Your Title]  
[Your Organization Name]