

# Request for Assistance with Medical Expenses

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Organization's Name]

[Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal for assistance regarding my crucial medical expenses. Due to [briefly describe the medical condition and circumstances], I am facing significant financial hardship.

My monthly medical costs have increased significantly, totaling approximately [insert amount]. Despite my best efforts to manage these expenses, [explain any attempts made to seek aid, such as charity programs, insurance coverage, etc.].

I kindly request your support in addressing these medical expenses. Any assistance you could provide would be immensely appreciated, as it would allow me to focus on my recovery rather than financial strain.

Thank you for considering my appeal. I look forward to your positive response.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]