

# Senior Care Program Participation Notice

Date: [Insert Date]

Dear [Participant's Name],

We are pleased to inform you that you have been selected to participate in our Senior Care Program. This program is designed to enhance the quality of life for seniors in our community by providing essential services, resources, and support.

Program Details:

- **Start Date:** [Insert Start Date]
- **Location:** [Insert Location]
- **Program Duration:** [Insert Duration]

Please confirm your participation by [Insert Confirmation Deadline]. If you have any questions or require further information, do not hesitate to contact us at [Insert Contact Information].

Thank you for your participation, and we look forward to welcoming you to the program!

Sincerely,

[Your Name]

[Your Position]

[Organization Name]

[Contact Information]