

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title/Position]  
[Organization Name]  
[Organization Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. My name is [Your Name], and I am writing to request financial assistance for my medical bills incurred from [briefly explain the medical situation, e.g., surgery, illness]. Due to [explain your financial situation, e.g., loss of income, unforeseen expenses], I am unable to manage the costs associated with my treatment, which total approximately [amount]. I have attached my medical bills and relevant documentation for your review.

I would greatly appreciate any support or assistance your organization may be able to provide during this challenging time. Thank you very much for considering my request.

Sincerely,

[Your Name]

[Attachments: Medical Bills, Documentation]