

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

Dear [Recipient's Name],

I hope this letter finds you well. My name is [Your Name], and I am reaching out on behalf of [Your Organization/Your Cause] to request your support for our health-related initiative.

[Briefly describe the cause, its importance, and how it impacts the community. Include any specific health issues your initiative addresses.]

We are currently seeking donations to [describe what the funds will be used for, e.g., medical supplies, community health programs, research funding, etc.]. A contribution of any amount would make a significant difference in our efforts to [state the goal of the initiative].

Please consider joining us in our mission by making a donation. Enclosed is a donation form along with a self-addressed envelope for your convenience.

Thank you for considering our request, and for your continued support of our efforts to improve health outcomes in our community. If you have any questions or would like more information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]
[Your Title/Position]
[Your Organization]
[Your Organization's Website, if applicable]