

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

Dear [Recipient's Name],

I am writing to request financial support to assist with my medical bills. Due to [briefly explain your medical condition or situation], I have incurred substantial medical expenses that I am struggling to pay. As of [date], my medical bills total approximately [amount]. Despite my efforts to [mention any efforts you've made, such as working additional hours, seeking help from family, etc.], I find myself in need of additional support.

I would greatly appreciate any assistance you could provide, whether it be financial aid or guidance on resources available for individuals in my situation. Please find attached the relevant medical bills and documentation for your review.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Relationship to the Recipient (if applicable)]