

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

Dear [Recipient Name],

I am writing to request support for [Patient's Name], who is currently struggling with lymphedema. This condition greatly affects [his/her/their] daily life and requires ongoing management and treatment. [Patient's Name] was diagnosed with lymphedema on [Date of Diagnosis], and since then, [he/she/they] have faced numerous challenges, including [list specific challenges, such as mobility issues, pain, or complications related to treatment].

Despite these challenges, [Patient's Name] has shown remarkable resilience and commitment to managing the condition. [He/She/They] actively participates in [mention any therapies, support groups, or lifestyle changes made].

In order to improve [his/her/their] quality of life, I am requesting support from [Recipient's Organization or specific program], specifically in the form of [describe the type of support needed, e.g., financial assistance, therapy sessions, medical supplies]. Any assistance you could provide would be immensely helpful to [Patient's Name] as [he/she/they] navigates this challenging journey.

Thank you for considering this request. Please feel free to reach out to me at [Your Phone Number] or [Your Email Address] if you require any further information or documentation.

Sincerely,

[Your Name]

[Your Title, if applicable]