

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Organization/Company Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to express my support for [Patient's Name], who has been diagnosed with tuberculosis and is in need of assistance. As [his/her/their] [relation to patient, e.g., friend, family member, healthcare provider], I have witnessed the challenges [he/she/they] face while battling this illness.

[Insert a brief personal story or insight into the patient's situation, including their financial or medical needs.]

I strongly believe that with the right support and resources, [Patient's Name] can have a more successful treatment journey. Access to medication, counseling, and financial assistance is crucial for [him/her/them] at this time.

Thank you for considering this letter of support for [Patient's Name]. I hope you can provide the necessary assistance to aid in [his/her/their] recovery and health.

Sincerely,

[Your Name]
[Your Title/Position, if applicable]
[Your Organization, if applicable]