

[Your Organization's Letterhead]

[Date]

Amazon Smile Program

[Amazon's Contact Address]

[City, State, Zip Code]

Dear Amazon Smile Team,

Subject: Enrollment in Amazon Smile Program

We are reaching out to express our interest in participating in the Amazon Smile program as a charitable organization. [Your Organization's Name] is a registered 501(c)(3) nonprofit organization dedicated to [briefly describe your mission and activities].

We believe that by being a part of the Amazon Smile program, we can enhance our fundraising efforts and reach more supporters. Our organization serves [describe the community or cause you support], and every contribution received through Amazon Smile would greatly assist us in achieving our goals.

Please find attached our proof of nonprofit status along with any further documentation needed to complete our registration.

Thank you for considering our application. We look forward to the possibility of partnering with Amazon to make a difference in our community.

Sincerely,

[Your Name]

[Your Title]

[Your Organization's Name]

[Phone Number]

[Email Address]

[Organization's Website]

Attachments: 1) Proof of Nonprofit Status 2) [Any other relevant documents]