<Name of the sender>

<Address>

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Name of the recipient>

<Position, Organization/Company/Government Unit>

<Address>

Dear [Recipient’s name],

 My name is [INSERT NAME HERE]. My [WRITE RELATIONSHIP TO THE PATIENT : (e.g. FATHER, MOTHER, BROTHER, SISTER, FRIEND, COLLEAGUE, etc)], [NAME OF THE PATIENT], is in dire need of a medical operation/surgery due to [INSERT ILLNESS / DISEASE HERE].

 I am writing this letter to humbly request your good office for any financial assistance for my [RELATIONSHIP TO THE PATIENT]’s successful surgery/operation. We are exhausting all possible means to obtain sufficient funds to cover his/her hospital bills and necessities but we are still short of [INSERT AMOUNT HERE IN PHILIPPINE PESO]. We are hoping to raise this amount within [INSERT TIME FRAME HERE] to ensure his / her continuous treatment.

 Any amount you will donate will be appreciated. Your kindness and compassion will help [NAME OF THE PATIENT] to fight against his / her disease/illness. Please send your donations through [INSERT HERE HOW RECIPIENTS CAN SEND THEIR DONATIONS] or [OTHER DONATION LINES].

 I hope you will consider our call for assistance in the recovery of [NAME OF THE PATIENT].

 Thank you and God bless.

Best regards,

[SIGNATURE OVER RECIPIENT’S NAME]