

Appeal Requesting Financial Grant Aid to Support Medical Treatment

To,
OCA Foundation
Mumbai

Date: _____

Dear Sir / Madam,

I want to request your kind support for my medical treatment (mention the medical problem or disease) _____

During my last visit to the (doctor name) _____
at (hospital name) _____

they provided me with a minimum treatment estimate (mention the amount). I cannot get this treatment within my available resources, so I request your kind consideration and support. I have (mention the amount), and rest of the amount I wish you to contribute.

Sincerely Yours,

Your Full Name: _____

Mobile Number: _____

Your relation with patient (tick one): Self Relative Friend Social Worker