

[DATE]

Isabelle Lake Memorial Fund & Bequest Subcommittee
C/O The W.A. AIDS Council
PO Box 1510
WEST PERTH
W.A. 6872

Dear Subcommittee,

I am writing in support of [*Client Name*] who has been a [*client/patient*] at [*Name of practice/organisation*], since [*Date*]. [*Client name*] requires financial assistance towards the cost of [*what is being applied for*] which they are unable to afford.

[*Provide brief background on current living and financial situation the client is in*]

[*Brief explanation of the positive impact this financial support and access to what is being applied for will have on their wellbeing*]

I fully support [*Client name*]'s application and thank you in advance for your consideration. Please do not hesitate to contact me should you require any additional information.

Sincerely,

[*Your name*]
[*Job title*]
[*Organisation*]
[*contact details*]