

[Your Name/Organization Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Advocate Name/Recipient Name]

[Partner Organization Name]

[Recipient Address]

[City, State, Zip Code]

Subject: Mutual Support Referral Request

Dear [Advocate Name],

I am writing to you on behalf of [Your Organization Name] to propose a mutual referral partnership. We have long admired your advocacy work regarding [Specific Cause/Issue] and believe our goals are closely aligned.

We frequently work with individuals who require assistance in [Briefly describe your services]. However, many of our clients also express a need for [Describe services the recipient provides], which falls directly within your expertise.

We would like to request your permission to formally refer these individuals to your organization. In return, we would be honored to serve as a resource for your clients who may benefit from our specific support services. We believe this collaborative approach will ensure that members of our community receive the most comprehensive care possible.

I have enclosed/attached a brief overview of our services for your reference. I would welcome the opportunity to discuss how we can best coordinate these referrals to streamline the process for those we serve.

Thank you for your time and for your continued dedication to our community. I look forward to hearing from you.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Position]