***\*This letter must be printed on institution letterhead***

*SAMPLE*

Date

American Society of Breast Surgeons

7067 Columbia Gateway Drive, Suite 290

Columbia, MD 21046

Re: ASBrS Patient Advocate Membership

It is with great pleasure that I write this letter to recommend **(applicant’s name/credentials)**

for membership in the American Society of Breast Surgeons.

***(Include your relationship with applicant, work/contributions of applicant, etc.)***

Thank you for considering this recommendation. Please contact me if you have any questions.

Sincerely,

***Signature (Current Active or Associate Member)***

Name

Title

Telephone