Put On Your Own Letterhead

 May Date:

Substance Abuse Prevention & Treatment Agency

4126 Technology Way, 2nd Floor

Carson City NV 89706

Dear ,

Please accept this letter as confirmation of (Name of Organization) desire to work collaboratively with the Substance Abuse Prevention & Treatment Agency in the prevention of alcohol, tobacco and other substances of abuse for youth and their families.

(Name of Organization) works diligently to improve the capacity of the state of Nevada at every level to prevent substance abuse, underage drinking, and related behaviors.

Thank you for including (Name of Organization) in the substance abuse prevention efforts of the Substance Abuse Prevention & Treatment Agency.

Sincerely,

(Name)