Name (optional)
Title (optional)
Department
Suite/Room #

10900 Euclid Avenue
Cleveland, Ohio 44106-7164

phone 216.368.0000
yourname@case.edu

case.edu/socialwork

[Date]

[Recipient name]

[Company name]

[Street address]

[City, State, Zip]

Dear [Name];

Body copy to go here.

Sincerely,

[Your name]