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

10900 Euclid Avenue  
Cleveland, Ohio 44106-7164

phone 216.368.0000  
yourname@case.edu

case.edu/socialwork/traumacenter

[Date]

[Recipient name]

[Company name]

[Street address]

[City, State, Zip]

Dear [Name]:

[Body copy to go here]

Sincerely,

[Your name]

TO:

FROM:

RE:

DATE:

[Memo copy to go here]

Sincerely,

[Your name]