Date

**Reminder**

Name

Address

City Prov PC

Dear Caregiver:

Further to our conversation of *[insert date]* this is to remind you that the amount of $*[insert amount]* for *[insert number and boxes or cartons]* of cookies is outstanding to *[insert unit name]*.

You are responsible for payment as stated in acknowledgement of receipt of cookies dated *[insert date].* We would appreciate receiving this amount from you no later than *[insert date 10 days from date of letter]*.

Thank you for your prompt attention to this matter.

Sincerely,

*[insert your name]*, District Treasurer, *[insert unit name and district]*

*[insert your contact information – address, phone]*