

[Your Name]   
[Your Address]   
[City, State, ZIP Code]   
[Your Email]   
[Your Phone Number]

[Date]

The Honorable [Legislator's Name]   
[Office Address]   
[City, State, ZIP Code]

Dear [Legislator's Name],

I hope this letter finds you well. My name is [Your Name], and I am a constituent from [Your City/Town]. I am reaching out to introduce you to Prader-Willi syndrome (PWS), a rare and complex genetic disorder that affects approximately 1 in 15,000 births. PWS is characterized by low muscle tone, cognitive challenges, developmental delays, and an unrelenting feeling of hunger that leads to serious health risks. The challenges of living with PWS place a tremendous burden on families, requiring constant vigilance and access to specialized care and services.

As an advocate for the PWS community in [Your State], I am working alongside families, our [Your State] PWSA Chapter and PWSA | USA to promote policies that will significantly improve the lives of those affected by this condition. Our advocacy efforts in [Your State] are focused on increasing access to critical medical care, expanding support services for individuals with rare diseases, and ensuring that individuals with PWS have access to the resources they need to thrive.

I am writing to you today to ask for your support on bill [add Senate or House and the bill number], [add bill title or brief statement of subject]. This bill will [brief description of bill and how it will help PWS community].

I would the opportunity to schedule a meeting or phone call with you or a member of your team to discuss how we can work together to support [Senate or House and the bill number]. Your leadership and support can make a meaningful difference in the lives of individuals and families affected by this rare disease.

Please let me know a convenient time for us to meet. I look forward to your response and to working together to create positive changes for the PWS community. Thank you for your time and consideration.

Sincerely,

[Your Name]   
[Your Contact Information]   
[Your Affiliation, if applicable]

[Mother/Father to] [Child’s Name], age [##], living with Prader-Willi Syndrome