

Sample Local Agency Breast Pump Retrieval Letter
(Local Agency Letterhead)

(Date)

(Address of Client)

Dear (Name of client),

You received a Hollister Elite (*Medela Lactina*) breast pump (*ID number*) from the Indiana WIC Program on (*date*). The agreement form you signed stated you would return the breast pump on (*date*). It has not yet been returned.

We have a limited number of pumps to loan WIC mothers, so it is important the pump loaned to you be returned. Please contact (*WIC staff member*) at (*WIC phone number*) by (*date*) to make arrangements for the return of the breast pump. If you do not return the pump, your information will be turned over to the State WIC Office at the Indiana State Department of Health. The Indiana State Department of Health WIC Division will contact you to retrieve the breast pump.

Sincerely,

(*WIC Coordinator, BF Coordinator*)