(Date)

To Whom It May Concern:

I**, (*insert first-party’s name****)*, do hereby give authority to my **(*relationship with bearer)***, **(*name of bearer)****,* to buy my **(*medicine/other goods)***, specifically **(*specify the name of the medicine or the other goods)*** and avail the senior citizen discount on my behalf. I am unable to accomplish this in person due to (***state reason for absence****)*.

The representative will show you my Senior Citizens Identification Card (or any government ID) and the medicine prescription of the doctor (remove if not medicine) as proof of my consent regarding the matter. Attached herewith also is my Office of the Senior Citizens Affair (OSCA) Purchase Booklet. The bearer will show his/her ***(name of bearer’s valid ID****)* for verification purposes.

Thank you very much and looking forward to your kind consideration. For any concerns and questions, you may contact me at **(*insert phone number).***

Sincerely,

(***signature over printed name****)*