

# Pharmacy Loyalty Card Application

Date: [Insert Date]

To [Pharmacy Name]

<p[Address]

[City, State, Zip Code]

Dear [Pharmacy Manager's Name],

I am writing to apply for a loyalty card with [Pharmacy Name]. I am a regular customer and appreciate the services offered by your pharmacy. I believe that being part of your loyalty program will enhance my shopping experience, as I am keen to take advantage of the benefits and discounts available.

My personal details are as follows:

- Name: [Your Full Name]
- Address: [Your Address]
- Phone Number: [Your Phone Number]
- Email: [Your Email Address]

Thank you for considering my application. I look forward to your positive response.

Sincerely,

[Your Signature]

[Your Printed Name]