

# Participation Confirmation

Date: [Insert Date]

Dear [Patient's Name],

Thank you for joining our Pharmacy Prescription Rewards Program! We are excited to have you on board and look forward to helping you maximize your savings on prescriptions.

## Program Benefits:

- Earn points on every prescription filled.
- Receive exclusive discounts and offers.
- Access to health and wellness resources.

Please keep this letter as a reference for your participation. If you have any questions or need assistance, feel free to contact our pharmacy staff at [Phone Number] or visit us at [Pharmacy Address].

Thank you for choosing [Pharmacy Name]!

Sincerely,

[Pharmacy Manager's Name]

[Pharmacy Name]

[Pharmacy Contact Information]