

Pharmacy Rewards Enrollment Confirmation

Dear [Customer Name],

Thank you for enrolling in our Pharmacy Rewards Program!

Your enrollment has been successfully processed, and you are now eligible to earn rewards on your purchases.

Here are your enrollment details:

- Customer ID: [Customer ID]
- Enrollment Date: [Enrollment Date]
- Points Accumulated: [Points]

Start enjoying your rewards today! For more information, visit our website or contact us at [Contact Information].

Thank you for choosing [Pharmacy Name].

Sincerely,

[Your Name]
[Your Position]
[Pharmacy Name]