

# Free Vitamin Program: Children



<Date>

<Recipient>

<Title>

<Company>

<Address>

<City>, <State> <ZipCode>

Dear <Recipient>:

I'd like to introduce you to <Pharmacy Name>. As an independently owned and operated *Good Neighbor Pharmacy*<sup>®</sup>, we aim to provide personalized attention in a comfortable environment, along with competitive pricing on a wide range of over-the-counter and prescription medications. We are a locally owned business and have served the <Community Name> community for <X> years. Our pharmacy is actively working to improve child health in our community with the Free Vitamin Program.

The Free Vitamin Program offers our patients, ages 2 to 12, a FREE 30-day supply of *Good Neighbor Pharmacy* Children's Chewable Complete Multivitamins each month. When patients return their Program Enrollment Form (attached) to our pharmacy, they receive a punch card and their monthly supply of vitamins is absolutely free. Patients are able to pick up one free bottle of vitamins per child every 30 days.

As a leader in the <School Name> community, you understand the importance of keeping the school population healthy and active throughout the year. It is our hope that you share this program with your students and their parents. In this envelope, I have provided a poster and flyers to help you promote the Free Vitamin Program.

If you have any questions about the Free Vitamin Program, please don't hesitate to contact me.

Sincerely,

<Name>

<Title>

<Pharmacy Name>

<Email>

<Phone Number>

**For more information, visit [MyGNP.com/Free-Vitamin-Program](https://MyGNP.com/Free-Vitamin-Program).**