



UNITED STATES MARINE CORPS
[LETTERHEAD]

5000
[Code]
[Date]

From: Commmanding Officer, [Unit]

To: Treasurer, Holiday Food Gift Card Program

Subj: HOLIDAY FOOD GIFT CARD PROGRAM UNIT ROSTER COVER LETTER Ref:

(a) III MEF/MCIPAC-MCBBO 1700.1B

Encl: (1) HFGCP Unit Roster

1. Per the reference, the information in enclosure (1) is submitted. This information has been verified by the Holiday Food Gift Card Program unit representative and certified by the major subordinate command coordinator.

2. Point of contact is [Name of HFGCP Unit Rep.] at DSN 315-645-XXXX or email:
[Email Address]

[NAME OF SIGNER]