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From:

To: Treasurer, Holiday Food Gift Card Program

Subj: HOLIDAY FOOD GIFT CARD PROGRAM UNIT ROSTER COVER LETTER

Ref: (a) III MEF/MCIPACO 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 _____ at DSN _____ or email: _____