[Unit Name]

2025 Holiday Food Gift Card Program (HFGCP) Unit Roster

Commanding Officer's Signature for Approval of Unit Roster: _____

Signature & Date for receipt of DeCA gift cards (HFGCP Unit Rep Only): _____

Total: 0

	Service Member DoD ID #	Service Member Name (Last, First)	Rank	Dual Military	Eligibility Requirement	# of Dependents	DeCA Gift Card #:	DeCA Gift Card #:	Signature of DeCA Gift Card Recipient (Only the Service Member or their spouse are authorized to sign for gift cards)
	Due no later than: Friday, 21 November 2025						Due no later than: Friday, 12 December 2025		
Ex.	*123456789*	*Smith, John*	*E-4*	*No*	*Financial need exists*	*3*	XXXXX	XXXXX	*John Smith*
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