

**Acknowledgment of Receipt
CSBS-MMP Token of Appreciation**

Participant ID # _____

Gift Card Type _____

Gift Card # _____

Gift Card Type _____

Gift Card # _____

I have received a gift card(s) valued at a total of \$50 as a token of appreciation for my participation in the 2016 Michigan CSBS MMP Project. I understand that the Michigan CSBS MMP Project is not responsible for lost or stolen gift cards.

Participant Name (printed): _____

Participant Signature: _____

Date ___/___/_____

Interviewer Initials _____

***Please return this receipt to the following address:

P.O. Box 929
22200 West 11 Mile Road
Southfield, MI 48034