GIFT CARD RECEIPT ACKNOWLEDGEMENT

Your Logo Here

Gift Card Information

For Child Safety Forward Sacramento: Community Representative Stipend

Participation Expectation (e.g. 1x Prevention Cabinet Meeting=2 hours) _____

Gift Card Type (VISA, Amex, etc.) _____

# of Cards _____

$ Amount (Total) $ _____

Card Serial # # _____

Staff Information

Staff Name _____

Staff Signature _____

Recipient Information

Recipient Name _____

Signature _____

Date _____

Email _____

By signing this document I agree to serve on the [NAME OF GROUP] as a Community Representative whose role description is outlined in the document "CSF Community Representative Role Description FINAL 9.8.21", for the hours specified above in "Participation Expectation".