



Wise Choices TOPS Participation Incentive

_____, has met one of the requirements to receive a \$15 gift card for successful participation in the TOPS program.

_____ Attended at least 6 TOPS meetings in the first 3 months of membership
Please record meeting dates attended below:

_____ Attended at least 6 TOPS meetings in the next 3 months of membership
Please record meeting dates attended below:

Select one:

_____ \$15 Wal-Mart Gift card

_____ \$15 Meijer Gift card

Participant name (Printed): _____

Participant full mailing address:

Mailing Address: _____

City, Zip: _____

Phone number (required for shipment of gift card): _____

Health Coach Name (printed)

Health Coach Signature

Date

**Fax this completed form to the
WISEWOMAN/Wise Choices Program
517-335-8752**