



BetterHealth
AMBASSADOR
CITY OF ALBUQUERQUE

Submit this form to:
raChelle Karman • rkarman@cabq.gov

INCENTIVE REQUEST FORM

Ambassador Name: _____

Location: _____

Brief description of how incentive will be used: _____

INCENTIVE:

Work gloves: How many: _____
with BetterHealth logo

Pens: How many: _____

\$5 Starbucks Gift Cards. How many: _____

Spark Adventure:
How many: _____

Other: _____ How many: _____
(While supplies last)