Centers for Disease Control and Prevention  
MMP Facility Survey

c/o Contractor Name  
123 City Center Drive

City, State 00000

**RETURN SERVICE REQUESTED**



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**Dr. Roger Respondent**

Family Care Associates

1234 Main Street

Atlanta, GA 30333

**Survey Reminder**



**Centers for Disease Control and Prevention**

**Medical Monitoring Project (MMP)**

**HIV Facility Survey**

**Several days ago, we mailed you an important survey questionnaire. If you have already completed the**

**survey, please accept our thanks. If you have not had an opportunity to complete it, we urge you to take about 30 minutes to complete the survey and help us as we seek to End the HIV Epidemic (EHE) in the United States.**

**We realize that your schedule is extremely busy and that there are many demands for your time. Participation is voluntary, but we hope that you can help us. Your responses matter.**

**If you have any questions about the survey, please call 000-000-0000 or email the Study Director at xxxx@xxxx.org.**

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