

## PAYMENT RECEIPT

VFW Auxiliary to Post No. \_\_\_\_\_

Date: \_\_\_\_\_

Receipt No. \_\_\_\_\_

Amount Received \$ _____	
Name of Payer	
Member ID No. <i>(if applicable)</i>	
Description of Payment <i>(what for)</i>	
Payment Type	Cash                      or                      Check Number _____
Payment Received By:	

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