

| | | |
|---------------------------|---|--------------------------|
| | | RECEIPT No. _____ |
| Date: _____ | | |
| Amount Received: \$ _____ | <input type="checkbox"/> Cash | |
| | <input type="checkbox"/> Check, No. _____ | |
| | <input type="checkbox"/> Money Order, No. _____ | |
| For: _____ | | |
| Money Received by: _____ | | |

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