

# 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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