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DONATION RECEIPT

DONATION RECEIPT				RECEIPT NUMBER	#
CHARITY NAME			PAYMENT DATE		
CHARITY REGISTRATION			AMOUNT PAID	\$	-
PAYMENT METHOD	CASH <input type="checkbox"/>	MONEY ORDER <input type="checkbox"/>	CHECK <input type="checkbox"/>	CHECK NUMBER:	
RECEIVED BY			DONATION BY		
LOCATION ISSUED			DONOR CONTACT		
NOTES			DONOR ADDRESS		
			THANK YOU		

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