**PAYMENT RECEIPT VFW Auxiliary to Post No.**

Date: Receipt No.

|  |  |
| --- | --- |
| **Amount Received $** | |
| Name of Payer |  |
| Member ID No. *(if applicable)* |  |
| Desciption of Payment *(what for)* |  |
| Payment Type | Cash or Check Number |
| Payment Received By: |  |

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