



DONATION RECEIPT

Receipt No. _____

Donated
By: _____
Street _____
Address: _____

ZIP
City: _____ State: _____ : _____

Date of Donation: _____

Donation Value: _____

Description of donation:

Authorized signature: _____

Thank you for your generosity. We appreciate your support!

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*First AME Church of
Alexandria*

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Alexandria, VA 22309

Famealexandria.com

framealexandria@gmail.com

Tax ID 01-0618778

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