

SCHEDULE 9-A
Donation(s) Received

PAGE OF

<p>A. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y</div> </div> <p>Amount</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>B. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y</div> </div> <p>Amount</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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<p>SUBTOTAL of Donations This Page (optional) ►</p> <hr/>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>TOTAL This Period (last page this line number only) ► (carry total from last page to Line 9)</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>