

Cornwall Central Teachers' Association
PO Box 719
Cornwall, New York 12518

Date: _____
Amount: _____
Committee: _____
Activity: _____

Signature: _____

Deposit in account for: ____ CCTA ____ Scholarship ____ Community Needs -----Do not write below line ----- Receipt # _____ Fiscal Year: 20__ - 20__

----- cut here -----

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