Deposit Slip



Date	
Team Captain Name	Charlene Belew
Team Name	D6 4-H Superheroes
Amount	

Should this amount be credited to anyone other than yourself? If so, please write each person's name on the back of this slip and the amount each should be credited.

Deposit Slip



Date	
Team Captain Name	Charlene Belew
Team Name	D6 4-H Superheroes
Amount	

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Deposit Slip



American
Diabetes
Association

Date	
Team Captain Name	Charlene Belew
Team Name	D6 4-H Superheroes
Amount	

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Deposit Slip



	A550clation
Date	
Team Captain Name	Charlene Belew
Team Name	D6 4-H Superheroes
Amount	

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