

OKLAHOMA RETIRED EDUCATORS FUND

Receipt of Funds

Amount collected for OREA Fund: \_\_\_\_\_

County Unit \_\_\_\_\_ Date \_\_\_\_\_

Event name: \_\_\_\_\_

Name & Address of contributor:  
(if over \$50.00)

\_\_\_\_\_

Name of member certifying funds collected:

\_\_\_\_\_

**For office use only:**

**OREA signatures of staff receiving the contribution (2)**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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