

TAX DEDUCTIBLE CONTRIBUTION CERTIFICATE

This is to certify that on _____, _____, SSN: _____ - _____ - _____,
(Date) (Name)

contributed \$ _____ to the Mount Olive Baptist State Laymen Auxiliary's "Change for Christ" Project in support of the Mount Olive Baptist State Convention of New Mexico, Inc.

_____, Treasurer _____, President

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