

Tragedy Assistance Program for Survivors
Please print the following for your records:

Transaction Summary	
Recipient Organization:	Tragedy Assistance Program for Survivors
Transaction Date:	1/11/25
Gift Information	
Level:	Enter an Amount
Amount:	\$26.00
Cover Fee	False
Payment Information	
Payment type:	Credit Card
Credit Card Number:	*****2366
Donor First Name:	Hunter
Donor Last Name:	Jones