



01/12/24

RECEIPT OF PAYMENT

TO: hearts and hands ministries

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE INTERNATIONAL ASSURANCE TRAVEL MEDICAL PLAN "

CERTIFICATE NUMBER: BG001030

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 255.60 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa XXXXXXXXXXXXXXXXXXXX 1/2024

THANK YOU FOR CHOOSING AZIMUTH RISK SOLUTIONS FOR YOUR INTERNATIONAL MEDICAL INSURANCE NEEDS.