



02/07/24

**RECEIPT OF PAYMENT .....**

**TO: First Christian Church**

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

**CERTIFICATE NUMBER: BG001030**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 0.00 TO AZIMUTH  
RISK SOLUTIONS.**

**PAYMENT RECEIVED BY Visa XXXXXXXXXXXXXXXXXXXX /**

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