

02/21/2021

RECEIPT OF PAYMENT .....

**TO: Patricia J McDonald** 

**REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "** 

CERTIFICATE NUMBER: 691802052686

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 114.84 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXX8861

Exp Date :09/2023

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