



Kisha Wright <ahrmny@gmail.com>

Form submission for form Member Application at The Association for Healthcare Risk Management of New York, Inc.

1 message

ahrmny@gmail.com <ahrmny@gmail.com>
Reply-To: ahrmny@gmail.com
To: ahrmny@gmail.com

Sun, Feb 23, 2020 at 12:26 PM

Submission from the Member Application form

The information has been inserted into the Members table

The following information was submitted:

Field	Value
First	Donna
Middle	Marie
Last	Johnstone Walsh
Title	Ms
Company	The Jamaica Hospital Medical Center
Address	3185 Avenue W
City	Bklyn
State	NY
Zip	11229
Telephone	7182068088
Fax	7182065820
Email	Djohns3711@aol.com
Are you a current member of the American Society for Healthcare Risk Management (ASHRM)	No
Please specify if you are interested in working on an AHRMNY Committee	Bylaws: No Membership: No Public Relations: No Education: No Publications: No Fundraising: No Nominating: No None: Yes



Kisha Wright <ahrmny@gmail.com>

Payment received from Djohms3711@aol.com

1 message

Donna Johnstone Walsh via PayPal <service@paypal.com>

Sun, Feb 23, 2020 at 12:30 PM

Reply-To: Donna Johnstone Walsh <Djohms3711@aol.com>

To: Michael Scott Midgley <ahrmny@gmail.com>

Feb 23, 2020 13:30:35 EST
Transaction ID: [2RU8278844644684S](#)

Hello The Assoc of Hosp Risk Mgt of NY Inc,

You received a payment of \$100.00 USD from (Djohms3711@aol.com).

To see all the transaction details, please log into your PayPal account. It may take a few moments for this transaction to appear in your account.

Buyer informationDonna Johnstone Walsh
Djohms3711@aol.com**Instructions from buyer**

None provided

Description	Unit price	Qty	Amount
Order number: 2569 Item #: 2569	\$100.00 USD	1	\$100.00 USD
Total:			\$100.00 USD

Receipt No: 2663-2492-2041-8450

Please keep this number for future reference, as your customer doesn't have a PayPal Transaction ID for this payment.

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