




Name: _____




Date: _____

Finger Addition 11-20




Count the fingers, fill in the boxes and complete the additions.

 +  + 





+ + =

 +  + 




+ + =

 +  + 





+ + =

 +  +  + 




+ + =

 +  + 


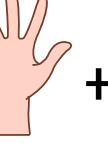


+ + =

 +  +  + 

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