

















Name: _____

Date: _____

Finger Addition

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



 $+$ 
 + =  $+$ 
 + =  $+$ 
 + =  $+$ 
 + =  $+$ 
 + =  $+$ 
 + =  $+$ 
 + =  $+$ 
 + =

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Finger Addition



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

 + 



+ =

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+ =

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