



Havas Community Health Foundation

2126 McCulloch Blvd N Suite 14
Lake Havasu City, AZ 86403
Phone 928 453-8190 Fax: 928 453-8236

Confirmation Code: _____

Qualifying Charitable Organization in the Arizona State Tax Credit Program

501(c)(3) public charity - Taxpayer ID 20-183985826

Tax Year _____ Contributor/Taxpayer: _____

Contributor/Taxpayer Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone number: _____

Please print your participation amount

\$ _____ AZ income tax filing Single or Widowed Maximum of \$400

\$ _____ AZ income tax filing Jointly (Married) Maximum of \$800

The Health Foundation program you wish to contribute to:

\$ _____ Food Bank

\$ _____ Veterans' Health Awareness

\$ _____ SAP Student Assistance Program.

Early identification, intervention and support groups for at risk youth.

Payment: Mail or drop off your contribution with this **completed form** to:

The Havasu Community Health Foundation, 2126 McCulloch Blvd., Suite 14, Lake Havasu City, AZ 86403

- We accept checks (payable to Havasu Community Health Foundation), money orders, or cash.
- Credit Cards are accepted at www.havasucommunityhealthfoundation.org

Your Tax Letter will be emailed to you within five (5) business days.

Contributor/Taxpayer Signature

Contributor/Taxpayer Signature (Joint Filing)

Date

HCHF Representative

Date