



Havasu 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

Contribution Designated For:

- The HCHF Food Bank
- Veterans' Health Awareness
- SAP Student Assistance Program

Tax Credit Contribution:

- Maximum for a Single Person - \$400.00
- Maximum for a Couple – Married Filing Jointly - \$800.00
- Other _____

Tax Year _____ Contributor/Taxpayer: _____

Contributor/Taxpayer Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone number: _____

Email confirmation will be sent as soon as submitted

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:

\$ _____ The Health Community Health Foundation 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.havasuhealthfoundation.org

Contributor/Taxpayer Signature

Contributor/Taxpayer Signature (Joint Filing)

Date

HCHF Representative

Date