



## 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: \_\_\_\_\_

### Credit Card Authorization

#### Billing Information

Company, Group, or Organization \_\_\_\_\_

Card Holder Name (Print): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Card Holder Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

*Email confirmation will be sent as soon as it is submitted*

#### Card Information

Type

AMEX

Discover

Mastercard

Visa

Other

☐☐☐☐☐

Last Four Digits: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I, \_\_\_\_\_ authorize Havasu Community Health Foundation to charge my credit card for agreed upon purchase/donation to charge the card listed above in the amount of \$ \_\_\_\_\_.

I understand the statement descriptor on my credit card statement will reflect: **CHARITABLE NON-P\* HCHF.**

I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Notes:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
HCHF Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
HCHF Representative

\_\_\_\_\_  
Date

Havasu Community Health Foundation is a 501(c)(3) public charity serving health-related needs and social services in the Lake Havasu community.

Our taxpayer identification number is 20-1839858, AZ Tax Credit: QCO 21974

90 cents of every dollar donated supports your charitable program of choice.