

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

Event Form					
Business:					
Individual(s):					
Address:					
City/State/Zi	o:				
Phone:					
Email:					
		Email con	firmation will be sent as soon as it is submitted		
Program:					
Event:					
2.0					
Sponsorship Level		Team	Contril	Contributions	
Diamond	\$	Name of Sponsor	Vendor	s	\$
Platinum	\$	Name of Team	Donatio	on Box	\$
Gold	\$	Team Captain	50/50		\$
Sapphire	\$		Cash E	Bank	\$
Sponsors Fee	\$		Raffle	Į	\$
			Inv	oice No.	
Contribution/Donation:					
			Contribution towards the	ne event:	
				Total: \$	
lotes"					
				2 01 1 1	•
		rayment Method $igsup$ CASH $igsup$ C	CHECK CCREDIT CSPLIT COTHER	(Check I	NO
HCHF Representative					Date
		HCHE Paragon (1911)			Dete
HCHF Representative					Date