«Date\_of\_Letter»

«First\_Name» «Last\_Name»

«Address\_Line\_1»

«Address\_City», «Address\_State» «Address\_Zip»

Dear ,

Thank you for trusting the Havasu Community Health Foundation, which continues to offer low-cost labs and screenings to Lake Havasu City residents.

|  |  |
| --- | --- |
| DESCRIPTION | CHARGED |
| Program: **Labs and Screenings** | |
|  |  |
| *Labs & Screenings:* |  |
|  |  |
|  |  |
| *Donation Cancer***:** |  |
| *Donation HCHF:* |  |
| *Calculated Fee:* |  |
| Total: |  |
|  |  |
|  |  |
| Confirmation Code |  |
| Date |  |
| Account Type |  |
| Amount |  |

Most sincerely,

Executive Director

Havasu Community Health Foundation

(928) 453-8190

*501(c)3 public charity*

*Taxpayer ID #20-1839858*