



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: _____

Application Comp

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Actual – Discount = Total

	Screenings or Labs	Actual	Discount	Total
Cancer Comp				
Med Comp				
Labs Comp				
Xray Comp				

If the total amount equals 0.00, you still need to enter it as **0.01**.

Hydrotherapy ☐

Exp Date: _____

Colon Prep Kit 4-Liter ☐

Colon Prep Kit SU-Prep ☐

Description: Brief description of the agreement to discount a rate and identify the services, including the amount charged vs the actual rate.

I hereby release Havasu Community Health Foundation from all liability. If I do not personally obtain the results of this test, it is my responsibility to contact my physician for said results. This Agreement shall be effective the day it is signed by both parties and expires as posted next to the procedure. If I fail to complete my procedure by the expiration date, HCHF will consider my payment as a donation. I understand I will need to sign a new application and make an additional payment to utilize this program once it has expired. **Transaction Fees - Non-refundable:** You understand that a donation payment, once charged to your credit card, is final and non-refundable with the exception that you can prove the transaction was made through an unauthorized use of your credit card. If you become aware of unauthorized use of your credit card, or it is lost or stolen, you must notify your credit card provider in accordance with its reporting rules. 90 cents of every dollar donated supports your charitable program of choice.

Payment Method ☐ CASH ☐ CHECK ☐ CREDIT ☐ SPLIT ☐ OTHER Check No. _____

Participant/Caregiver Signature

Date

HCHF Representative

Date

Executive Director

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

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