



## Havasus 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 Wig

Full Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

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

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

**WIG PROGRAM** – The Cancer Association of Havasu will supply one wig, once a year to any person with cancer related hair loss. The total cost of the wig must be \$100 or less, including shipping. Choose a wig from the provided catalog, and we will order online. You may choose to have the wig shipped to the HCHF office or to your home address.

1st Choice		2nd Choice	
Style		Style	
Color		Color	
Size		Size	

Cost of wig plus shipping: \_\_\_\_\_

Minus Cancer Associations Gift: \_\_\_\_\_

Participants Total: \_\_\_\_\_

*Tax-deductible donation:* \_\_\_\_\_

**Donations** Havasus Community Health Foundation: \_\_\_\_\_

Cancer Association: \_\_\_\_\_

Total: \$ \_\_\_\_\_

If all three of your measurements do not match exactly to one on the size chart, choose the size that corresponds to the largest measurement.

Sizes	Around the Head	Front to Back	Ear to Ear
Mini Petite (MP)	20.75	12.75	12.75
Petite (P)	21	13.25	13
Average (A)	21.5	14.25	13.5
Large (L)	23	15.25	14

I hereby release Havasus 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 \_\_\_\_\_

Havasus 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.