



Havasu Community Health Foundation

2126 McCulloch Blvd N Suite 14

Lake Havasu City, AZ 86403

PHONE: 908.452.8100 FAX: 908.452.8726

Confirmation Code: _____

Event Form

Business: _____

Individual(s): _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Email confirmation will be sent as soon as it is submitted

Program: _____

Event: _____

Sponsorship Level		Team		Contributions	
Diamond	\$	Name of Sponsor		Vendors	\$
Platinum	\$	Name of Team		Donation Box	\$
Gold	\$	Team Captain		50/50	\$
Sapphire	\$			Raffle	\$
Sponsors Fee	\$			Cash Bank *	\$

*Note to Accounting: Repayment of Cash Bank is posted in the deposit, under the "Add Funds to this Deposit" category.

Invoice No. _____

Contribution/Donation: _____

Contribution towards the event: _____

Total: \$ _____

Notes" _____

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

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.