Low-cost Labs and Screenings Donations

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| Name: |  | | |
| Address: |  | | |
| City/State/Zip: |  | | |
| Phone Number: |  | | |
| Email Address: |  | Initials |  |

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

On behalf of the Havasu Community Health Foundation, thank you for your contribution, we couldn’t do it without you.

All programs under our umbrella are volunteer-driven, and without our donors, we could not provide the health and social services we currently provide. Because of our donors' generosity, we’ve expanded programs offered to our Lake Havasu Community, and we look forward to continued growth.

Thank you for supporting the Havasu Community Health Foundation. Your contribution will have an immediate and tangible impact on our health-related programs and social services, I promise you it will be put to good use.

Most sincerely,  
  
Linda Seaver  
Executive Director  
Havasu Community Health Foundation  
[(928) 453-8190](tel:928-453-8190)  
Tax I.D.: 20 1839858

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| *Related Code* | *Tax-deductible donation* |  |
|  | Havasu Community Health Foundation: |  |
|  | Cancer Association: |  |
|  | Total: $ |  |

*Payment Method 5 CASH 5 CHECK 5 CREDIT5 SPLIT 5 OTHER*  Check No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Participant/Caregiver Signature |  | Date |
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| HCHF Representative |  | Date |