



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: _____

Credit Card Authorization

This form is **ONLY** to be used in the rare case the operating systems are down and there is no other way to process the application.

Billing Information

Company, Group, or Organization _____

Card Holder Name (Print): _____

Billing Address: _____

City/State/Zip: _____

Card Holder Phone Number: _____

Email: _____

Email confirmation will be sent as soon as it is submitted

Card Information

Type	AMEX	Discover	Mastercard	Visa	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Credit Card Number: _____

Verification Code: _____

Expiration Month: _____

Expiration Year: _____

I, _____ authorize Havasu Community Health Foundation to charge my credit card for agreed upon purchase/donation to charge the card listed above in the amount of \$ _____.

I understand the statement descriptor on my credit card statement will reflect: **CHARITABLE NON-P* HCHF.**

I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Notes:

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.