



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: _____

Multiple Registrant Form

Business: _____

Individual(s): _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Email confirmation will be sent as soon as it is submitted

Program: _____

Event: _____

Multiple Registrant ☐ # of _____

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

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

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.

Individual(s):

Address:

City/State/Zip:

Phone:

Email:

Individual(s):

Address:

City/State/Zip:

Phone:

Email:

Individual(s):

Address:

City/State/Zip:

Phone:

Email:

Individual(s):

Address:

City/State/Zip:

Phone:

Email:

Individual(s):

Address:

City/State/Zip:

Phone:

Email:

Individual(s):

Address:

City/State/Zip:

Phone:

Email: