

**Havasu Community Health Foundation** 2126 McCulloch Blvd N Suite 14 Lake Havasu City, AZ 86403 Phone 928 453-8190 Fax: 928 453-8236

<b>Confirmation Co</b>	de:

## **Giving Funds**

Full Name:	A Anonymous		
Address:	2126 McCulloch Blvd N Ste 14		
City/State/Zip:	Lake Havasu City AZ 86403		
Phone:	928-453-8190		
Email:	accounting@havasuhealthfoundation.org  Your Email confirmation will be sent as soon as it is submitted		
Program:			
Event:			
	Contrib	oution/Donation:	
		Donation Box:	
		 Total: \$	
otes:			
	Payment Method □ CASH □ CHECK □ CREDIT □ SF	LIT OTHER Check No	
	HCHF Representative	Date	
	HCHF Representative	Date	