

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:	
Commination Couc.	

	Veterans Stonebridge								
Full Name:									
Address:									
City/State/Zip:									
Phone:									
Email:		Your I	Email confirmation	will be sent as s	soon as it is	submitted			
Program:									
Event:									
	Merchandise	Quantity	Price	Other Merch	nandise	Price	Amount		
	Hats		20.00						
	Hoodies		45.00						
	T-Shirts (long & short)		25.00						
	T-Shirts (long & short)		15.00						
	Tanks		10.00						
	Mugs		10.00						
	Name Tags		12.00						
	Name Tags								
	US Air Force	US Army US	Coast Guard	US Marine (Corp	US Navy	US Space Force		
			Contril		<i>I</i>	nitials	Amount		
		Veterans' Dinner							
			Aud	ction Items					
			Dor	50/50 ation Box					
			201	ation box		Total: \$			
			Payme	nt Type	1	nitials	Amount		
				Cash					
				Checks					
						Total: \$			
		Payment Method	d □CASH □CH	ECK CCRED	IT 🗆 SPLIT		ck No		
		•							
	HCHF Representative					Date			
	HCHF Representative					Date			