«Date\_of\_Letter»

«First\_Name» «Last\_Name»

«Address\_Line\_1»

«Address\_City», «Address\_State» «Address\_Zip»

Thank you for your gift to the Havasu Community Health Foundation!  
  
Your contribution helps us pursue our vision for a healthy Lake Havasu community, where no one feels isolated by illness.  
  
As a non-profit, community-driven organization, we rely on supporters like you. Your generosity fuels the essential services we currently provide to our community and enables us to expand critical health and education programs. Thanks to your contribution, we look forward to continued growth.  
  
Thank you once again for supporting the Havasu Community Health Foundation. Your gift will have an immediate and tangible impact on our programs and on our community.

Most sincerely,

Executive Director

Havasu Community Health Foundation

(928) 453-8190

*501(c)3 public charity*

*Taxpayer ID #20-1839858*

TRANSACTION SUMMARY: **«Form»**

|  |  |
| --- | --- |
| DESCRIPTION | CHARGED |
| *In-Office* |  |
| **Program**: |  |
| **Event**: |  |
| **Merchandise**: |  |
|  |  |
| **Registration:** |  |
|  |  |
| *Calculated Fee:* |  |
| Total: |  |
|  |  |
| Confirmation Code |  |
| Date |  |
| Account Type |  |
| Amount |  |
|  |  |