



## Havasu Community Health Foundation

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

### Qualifying Charitable Organization in the Arizona State Tax Credit Program

501(c)(3) public charity – Taxpayer ID 20-1839858

### Keep Your Tax Dollars in Lake Havasu City

Contributor/Taxpayer: \_\_\_\_\_

*When entering the first and last name the best practice would be to complete this form as it appears on your tax forms 1040 or 1040-SR.*

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Your Email confirmation will be sent as soon as it is submitted*

**Tax Year**

Select

AZ Income Tax Filing Status

☐

Single or Widowed

☐

Married filing Jointly

**The maximum QCO credit donation amount for 2024:**

\$470 single, married filing separate or head of household; \$938 married filing joint.

**The maximum QCO credit donation amount for 2025:**

\$495 single, married filing separate or head of household; \$987 married filing joint.

Refer to AZ Department of Revenue

<https://azdor.gov/individuals/income-tax-filing-assistance/tax-credits>

**The Health Foundation program you wish to contribute to:**

\$

Food Bank

Our Food Bank serves thousands of families and distributes over one million pounds of food annually.

\$

Veterans' Health Awareness

Our comprehensive Veterans' Health Awareness program provides housing for homeless veterans, transportation, and essential health services.

\$

**Additional Donations Program Allocation:**

\$

Total

**Transaction Fees - Non-refundable:** You understand that a contribution payment, once charged to your credit card, is final and non-refundable with the exception that you can prove the transaction was made through an unauthorized use of your credit card. If you become aware of unauthorized use of your credit card, or it is lost or stolen, you must notify your credit card provider in accordance with its reporting rules. 90 cents of every dollar donated supports your charitable program of choice.

Sign here ►

\_\_\_\_\_  
*Contributor/Taxpayer Signature*

\_\_\_\_\_  
*Contributor/Taxpayer Signature (Joint Filing)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*HCHF Representative*

\_\_\_\_\_  
*Date*

*Payment Method CASH – CHECK – CREDIT*

Check No. \_\_\_\_\_

**Confirmation Code:** \_\_\_\_\_