



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: _____

Contribution Form

Business: _____

Individual(s): _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Email confirmation will be sent as soon as it is submitted

Program: _____

Event: _____

Invoice No. _____

Contribution/Donation: _____

Donation Box: _____

Total: \$ _____

Notes: _____

Payment Method ☐ CASH ☐ CHECK ☐ CREDIT ☐ SPLIT ☐ OTHER Check No. _____

_____	_____
HCHF Representative	Date
_____	_____
HCHF Representative	Date