«Date\_of\_Letter»

«First\_Name» «Last\_Name»

«Address\_Line\_1»

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

Dear ,

On behalf of the Havasu Community Health Foundation, I would like to express our deep gratitude for your consideration of our Health Foundation's FOOD BANK program.

All programs under our umbrella are volunteer-driven. Without our donors, we could not provide the health and social services we currently provide. Because of our donors' generosity, we’ve expanded programs offered to our Lake Havasu Community, and we look forward to continued growth.

Thank you for supporting the Havasu Community Health Foundation. Your contribution, no matter the size, will have an immediate and tangible impact on our health-related programs and social services. I assure you, it will be put to good use, making a significant difference in the lives of those we serve.

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 |  |
|  |  |