



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: _____

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.
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.

\$ _____ Children's Services

Our Children's Services encompass vital areas such as food services, school readiness, and behavioral support.

\$ _____ **Additional Donations Program Allocation:**

\$ _____ Total



Children's Services

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

Confirmation Code: _____ *Payment Method* CASH – CHECK – CREDIT **Check No.** _____