



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: _____

Application Cancer

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Please take this form to the hospital at the time of your appointment.

CANCER SCREEN			Expires	Amount				Expires	Amount
Mammography	4930	40.00	12 Mos		CT Lung Scan	4919	25.00	6 Mos	
Diagnostic Mammogram	4930	60.00	12 Mos		Oral Screening	4949	10.00	2 Mos	
Ultrasound	4930	40.00	12 Mos		Skin Cancer	4977	25.00	2 Mos	
					Multiples				
								Sub Total:	

LABS				Expires	Amount					Expires	Amount
PSA Prostate	4920	25.00	2 Mos			CA-125 Ovarian	4920	50.00	2 Mos		
										Sub Total:	

Tax-deductible donation:

Donations Havasu Community Health Foundation: _____

Cancer Association: _____

Total: \$ _____

Notes:

I hereby release Havasu Community Health Foundation from all liability. If I do not personally obtain the results of this test, it is my responsibility to contact my physician for said results. *This Agreement shall be effective the day it is signed by both parties and expires as posted next to the procedure.* If I fail to complete my procedure by the expiration date, HCHF will consider my payment as a donation. I understand I will need to sign a new application and make an additional payment to utilize this program once it has expired. **Transaction Fees - Non-refundable:** You understand that a donation 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.

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

Participant/Caregiver Signature _____

Date _____

HCHF Representative _____

Date _____

Havasu Community Health Foundation is a 501(c)(3) public charity serving health-related needs and social services in the Lake Havasu community.

Our taxpayer identification number is 20-1839858, AZ Tax Credit: QCO 21974

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