



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 Xray

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

XRAY				Expires	Amount					Expires	Amount
1 Views	4995	58.00	2 Mos			9 Views	4995	214.00	2 Mos		
2 Views	4995	75.00	2 Mos			10 Views	4995	238.00	2 Mos		
3 Views	4995	85.00	2 Mos			11 Views	4920	261.00	2 Mos		
4 Views	4995	95.00	2 Mos			12 Views	4920	285.00	2 Mos		
5 Views	4995	119.00	2 Mos			13 Views	4920	309.00	2 Mos		
6 Views	4995	143.00	2 Mos			14 Views	4920	332.00	2 Mos		
7 Views	4995	166.00	2 Mos			15 Views	4920	356.00	2 Mos		
8 Views	4995	190.00	2 Mos			16 Views	4920	380.00	2 Mos		
						Multiple				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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