«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, thank you for your contribution, we couldn’t do it without you.

All programs under our umbrella are volunteer-driven, and 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 will have an immediate and tangible impact on our health-related programs and social services, I promise you it will be put to good use.

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 |  |
|  |  |