



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 Number: _____

Email Address: _____

Your Email confirmation will be sent as soon as it is submitted

CANCER SCREEN				Expires		Amount		Expires		Amount	
Mammography	4930	40.00	12 Mos		Low Dose CT Lung Scan	4919	25.00	6 Mos			
Diagnostic Mammogram	4930	60.00	12 Mos		Oral Screening	4949	10.00	2 Mos			
Breast Ultrasound	4930	40.00	12 Mos								
Multiples											

Hydrotherapy ☐

Exp Date: _____

Colon Prep Kit 4-Liter ☐

Colon Prep Kit SU-Prep ☐

Actual – Discount = Total

Screenings or Labs	Actual	Discount	Total

Receipt No. _____

Total: \$ _____

Brief Description/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. 90 cents of every dollar donated supports your charitable program of choice.

Payment Method ☐ CASH ☐ CHECK ☐ 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. 90 cents of every dollar donated supports your charitable program of choice.

LS Application Cancer

8/27/25 10:33:00 AM