



## Havasu Community Health Foundation

2126 McCulloch Blvd N Suite 14

Lake Havasu City, AZ 86403

Phone 928 453-8190 Fax: 928 453-8236

### Foundation Participant Refund Request Form

Business:

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Individual(s):

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Address:

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City/State/Zip:

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Phone:

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Email:

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**Please provide a detailed explanation of the reason(s) why you are requesting a refund.**

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Date:	
Confirmation Code:	
Method of Payment:	
Request Amount:	\$
Approval Amount:	\$

### Authorization Required

Executive Director HCHF: \_\_\_\_\_ Date: \_\_\_\_\_

HCHF Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_

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.

