



**94 Acoma Blvd. S, Suite 101
Lake Havasu City, AZ 86403
(928) 453-8190
www.havasucommunityhealth.org**

Qualifying Charitable Organization Program

**For Tax Year 2019 or Tax Year 2020
Havasucommunityhealth.org
Tax I.D. # 20-1839858**

Keep your TAX Dollars in Lake Havasu City. Designate Your Tax Dollars to help the following programs at the Havasu Community Health Foundation:

Contributor/Taxpayer: _____

Contributor/Taxpayer Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Please select your participation amount and the Tax Year: _____

\$ _____ Up to a maximum of \$400 (AZ income tax filing Single or Widowed)

\$ _____ Up to a maximum of \$800 (AZ income tax filing Married, Filing Jointly)

The Health Foundation program you wish to contribute to:

_____ Give my contribution to The Health Foundation's FOOD BANK

_____ Give my contribution to Veteran's Health Awareness

_____ Give my contribution to SAP Student Assistance Program for Mental Health Behavior and Emotional Support

Payment:

Mail or drop by your contribution with this completed form to: The Havasu Community Health Foundation, Lake Havasu City, AZ 86403. We accept checks (payable to Havasu Community Health Foundation, money orders, or cash. Contact us, if you wish to divide your contribution into payments during the tax year. Stop by or call us at 928 453-8190, if you have questions. Credit Cards are accepted at www.havasucommunityhealth.org

Contributor/Taxpayer Signature: _____ **Date:** _____

Havasucommunityhealth.org Representative: _____ **Date:** _____