

Havasu Community Health Foundation



Mail to: 2126 McCulloch Blvd. N. Suite 7
In Person: 2126 McCulloch Blvd Suite 14
Lake Havasu City, AZ 86403
Phone: (928) 453-8190
Make Payment online at:

www.havasucommunityhealth.org

Qualifying Charitable Organization Program

Please Circle: Tax Year **2021** or Tax Year **2022**

Havasu Community Health Foundation

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: _____ Email: _____

Please print your participation amount: _____

\$_____ 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 **SAP Student Assistance Program**. Early identification, intervention and support groups for at risk youths.

\$_____ Give my contribution to **Veteran's Health Awareness**

\$_____ Give my contribution to the Health Foundation **FOOD BANK**

Payment: Mail or drop by your contribution with this completed form to: The Havasu Community Health Foundation, 2126 McCulloch Blvd, Suite 14 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

Your Tax Letter will be emailed to you within five business days.

Contributor/Taxpayer Signature _____

Date _____

HCHF Representative _____

Date _____