



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

Qualifying Charitable Organization Program

**Please Circle: Tax Year 2021 or Tax Year 2022
Havas 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 **Havas Community Health Foundation:**

Contributor/Taxpayer: _____

Contributor/Taxpayer Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

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 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

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

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

Havas Community Health Representative: _____ Date: _____