



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

**Arizona State Working Poor Tax Contribution
Havasucommunity 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: _____ E-mail: _____

Please select 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)

Which Tax Year would you like this contribution to apply? (Circle ONE Year) 2018 2019

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 Student Assistance Program (SAP)

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, checks 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:** _____

Havasucommunity Health Representative: _____ **Date:** _____