



**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  
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: \_\_\_\_\_ 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)

***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 Assisted Program

***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:** \_\_\_\_\_

**Havasu Community Health Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_