

LAKE HAVASU CITY ROTARY FOUNDATION

P.O BOX 1168
LAKE HAVASU CITY, AZ 86405

78-683/914

3028

DATE 05-18-24



PAY TO THE ORDER OF

Havasu Community Health Foundation

\$ 2,000.00

Two thousand and 00/100

DOLLARS



FIRST SAVINGS BANK
www.firstsavingsbanks.com
Express Line 1-800-555-6895

MEMO Back to School Event
Helmets for the Students

Ross E. Johnson

MP

⑆091406833⑆6400516824⑆ 03028

Details on back

Security features

Ross Johnson

From: Linda Seaver, Executive Director <admin@havasuhealthfoundation.org>
Sent: Tuesday, June 18, 2024 2:12 PM
To: Lake Havasu City Rotary Foundation
Subject: Your Online Contribution to HCHF

To make sure our emails reach your inbox, please add admin@havasuhealthfoundation.org to your address book

Lake Havasu City Rotary Foundation:

On behalf of the Havasu Community Health Foundation, thank you for your contribution, we couldn't do it without you.

All programs under our umbrella are volunteer-driven, and without our donors, we could not provide the health and social services we currently provide. Because of our donors' generosity, we've expanded programs offered to our Lake Havasu Community, and we look forward to continued growth.

Thank you for supporting the Havasu Community Health Foundation. Your contribution will have an immediate and tangible impact on our health-related programs and social services, I promise you it will be put to good use.

Most sincerely,

Linda Seaver
Executive Director
Havasuu Community Health Foundation
[\(928\) 453-8190](tel:9284538190)

Tax I.D.: 20 1839858

TRANSACTION SUMMARY:

DESCRIPTION	CHARGED
Donation to Program/Social Service	\$2,000.00

Total \$2,000.00

Confirmation Code M905HA1
Date June 18, 2024
Account Type Offline
Amount \$2,000.00

Havasu Community Health Foundation is a 501(c)(3) public charity serving health-related needs and social services in the Lake Havasu community.

Our taxpayer identification number is 20-1839858.

90 cents of every dollar donated supports your charitable program of choice.

BMX/Skate Bike Helmet 5 Case Order Form

CNS Children-N-Safety Program

To Place your order, Fax your order to 1-800-414-5560
Email to us: org@prorider.com

Date Ordered: _____ Event date: _____ Ordered By: _____ PO # _____
Please Circle: Business or *Home

Bill To:	Ship To:
Attention:	Attention:
Mailing Address:	Shipping Address: <small>*Home Delivery is an additional \$5.00 cost per box.</small>
City/State/Zip:	City/State/Zip:
Phone: Fax:	Phone: Fax:
Email:	Email:

5 Case (100) \$15.95 Free Shipping
goto www.prorider.com/org, offer ends 06/07/2024.



Please circle the size and color of each case
Limited to stock on hand.

Cases	Size	Color	Cases	Size	Color
Case #1	XS S/M L/XL	Black Blue Red			
Case #2	XS S/M L/XL	Black Blue Red			
Case #3	XS S/M L/XL	Black Blue Red			
Case #4	XS S/M L/XL	Black Blue Red			
Case #5	XS S/M L/XL	Black Blue Red			!! Black S/M Sold Out!!

To Receive Special Pricing Orders must be in Case Lots of 20 helmets.

Shipping & Delivery Time Line:

We ship within 24 hour of receiving an order, and an additional 3 to 7 business days via FedEx Ground to 1 business location within the Contiguous US.

Payment: NET 15-DAY TERMS Your invoice will be mailed to you at the time your order ship CNS is a Division of ProRider, Inc

Email Address for tracking: _____

Sub-Total

100 X \$15.95 = \$1595.00

Home delivery 10 x 5.00=\$50.00

ONLY WA State Sales Tax 9.5% _____

Grand Total = _____