



**Big Brothers Big Sisters of Mohave County
Interagency's Community Food Bank
Interagency Advocacy Services
Arizona State Working Poor Tax Contribution
For Tax Year _____
Social Services Interagency Council of Lake Havasu City, Inc.
Tax I.D. # 86-0516654**

Contributor/Taxpayer: _____

Contributor/Taxpayer Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Please select your participation amount:

\$ _____ Up to a maximum of \$200 (AZ income tax filing Single or Widowed)

\$ _____ Up to a maximum of \$400 (AZ income tax filing Married, Filing Jointly)

Please choose which Interagency Council program you wish to contribute to:

_____ Give my **entire** contribution to Big Brothers Big Sisters of Mohave County

_____ Give my **entire** contribution to Interagency's Community Food Bank

_____ Give my **entire** contribution to Interagency's Advocacy Services

Please **divide** my contribution.

Give \$ _____ of my contribution to Big Brothers Big Sisters of Mohave County

Give \$ _____ of my contribution to Interagency's Food Bank

Give \$ _____ of my contribution to Interagency's Advocacy Services.

Payment:

Must be received/postmarked by December 31 of tax year. Mail or drop by your contribution with this completed form to: Interagency Council, 1940 Mesquite Ave, Lake Havasu City, AZ 86403. We accept checks (payable to Social Services Interagency Council of Lake Havasu City, Inc. or SSIC), credit cards, 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 928 453-8500, if you have questions.

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

Interagency Council Representative: _____ **Date:** _____