



**NATIVE HEALTH has been here for you and will continue to be here for you.**

NATIVE HEALTH has been in Phoenix for over 40 years and was started by a group of inspired and dedicated individuals to provide services to urban Native Americans. NATIVE HEALTH now provides primary medical, dental, behavioral health and Community Health and Wellness programs for urban Native Americans and other community members. NATIVE HEALTH provides services to over 20,000 individuals per year and provides 80,000 visits.

NATIVE HEALTH provides more than just medical care, our services provide individuals with education to change their lives. **Please consider the 2020 Credit for Donations made to Qualifying Charitable Organizations in support of NATIVE HEALTH.**

We are a 501(c)(3) Qualified Charitable Organization, certified with the Arizona Department of Revenue for this tax credit program. Taxpayers may be eligible for the 2020 State of Arizona Charitable Tax Credit. Please consult your tax advisor to determine if you are eligible for this state tax credit. A state tax credit allows you to reduce the amount of your tax liability to the state or increases your refund from the state. Taxpayers that are filing jointly and married have a maximum credit of \$800. Taxpayers filing individually have a maximum credit of \$400.

You will be issued a receipt by NATIVE HEALTH to use for income tax purposes. Visit [www.azdor.gov](http://www.azdor.gov) for more information or call (602) 255-3381.

**Yes, I will help NATIVE HEALTH by participating in the 2020 Credit for Donations made to Qualifying Charitable Organizations.**

\$800    \$400    \$200    \$150    Other: \$ \_\_\_\_\_

NATIVE HEALTH program you wish to donate: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PAYMENT TYPE**

**Cash**    **Check** – made payable to NATIVE HEALTH

**Credit Card**   Credit card type:    Visa    MasterCard    American Express   CVV code (on back) \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name on credit card: \_\_\_\_\_

Please mail to: **NATIVE HEALTH Tax Credit Contribution**  
**4041 North Central Avenue, Building C**  
**Phoenix, AZ 85012**

*Thank you for your generous support.*