



## Information Request Form

Name(s): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I would like to talk to a representative of Trinity Health Foundation. Please call or e-mail me to set up a phone or in-person appointment.

I would like to receive a list of Trinity Health Foundation's current projects.

I would like to receive more information about Trinity Health Foundation's programs.

I would like information on having a speaker make a presentation to my business, civic club or church.

I would like to introduce others to Trinity Health Foundation by hosting a reception.

Please add me to the Trinity Health Foundation mailing list.

I have enclosed a gift of \$\_\_\_\_\_ for the Trinity Health Foundation.

*(Please print and mail this form along with your gift to the address below)*

I would like to receive information concerning estate planning.

Other request:

Please fill out this form and attach it to an email. Send to: [foundation@trinityhealth.org](mailto:foundation@trinityhealth.org)

**Thank you for your interest in the Trinity Health Foundation!**



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