



## Trinity Foundation DONATION FORM

### Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_

### Payment Information

Amount: \$ \_\_\_\_\_

Payment Type:  Visa  MasterCard  American Express  Visa

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

Comments:

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Please send this form to: Trinity Foundation  
Attn: Sherry Ladislak  
2081 Calistoga Drive  
Suite 1N  
New Lenox , IL 60432

or fax to: 815.485.9145

### Trinity Foundation Privacy Policy

The Trinity Foundation strongly believes in protecting the confidentiality and security of information we collect about you. We treat information in a confidential manner. Our employees are required to protect the confidentiality of information. Specific employees may access information only when there is an appropriate reason to do so. We also maintain physical, electronic, and procedural safeguards to protect information; these safeguards comply with all applicable laws. Employees are required to comply with our established policies.