



2015 ANNUAL APPEAL

If you are able to support Trinity at this time, please complete the information on the right and return this card in the envelope provided. Thank you for your generosity and support of our school community!

If your contact information has changed, please mark those changes on the right.

CONTACT INFORMATION

SALUTATION

FIRST NAME

LAST NAME

SUFFIX

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

PLEASE USE MY GIFT OF \$ _____

- To help underwrite a Community Benefit Internship.
- Toward the Marymount Catholic Health Care Program.
- Toward the Graphic Design Program.
- Toward the Information Technology Program.
- Toward the College and Career Readiness Program.
- Where it is needed most.

A check made payable to Trinity High School is enclosed.

Please charge my Visa or MasterCard.

CARD NUMBER

EXP. DATE

SEC. CODE

BILLING ZIP