

## YES! I want to join in the fight to solve the rural health care crisis.

Include me in LSP's organizing for a healthcare system that works for rural communities and puts people before profits and keep me informed about opportunities to take action.



LAND  
STEWARDSHIP  
PROJECT

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

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

City: \_\_\_\_\_

MN Zip: \_\_\_\_\_

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

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

**How do you get healthcare coverage now?** ☐ Uninsured ☐ Medicare ☐ MinnesotaCare ☐ Medicaid/MA  
☐ Purchase through MNsure ☐ Employer/spouse's employer ☐ Other: \_\_\_\_\_

**What part(s) of this letter resonated with you the most?**

\_\_\_\_\_

**Will you add your story to ours?** If you're willing to share your health care story use your own envelope to send it back along with this postcard.

THANKS  
FOR YOUR  
STAMP!

**Land Stewardship Project**  
Attn: Healthcare Organizing Committee  
P.O. Box 130  
Lewiston, MN 55952