

HEALTHY SAVINGS

Healthy Savings Transaction Inquiry Form

Contact Information:

Name: _____

Healthy Savings Card Number: _____

Email Address: _____

Transaction Information:

Date of Transaction: _____

Name of Retailer: _____

Store Address: _____

Product Name(s) and Size(s): _____

Amount of Purchase: _____

Amount of Anticipated Savings: _____

Comments: _____

To help us fully understand the situation, please include a copy of your receipt.

Thank you for your message and for participating in the Healthy Savings program.
Keep eating healthy!

Sincerely,

Healthy Savings Support Team

Contact us using the [Contact Us](#) section of our [Help](#) page

Please mail or fax this completed form, along with a copy of your receipt to:

Healthy Savings
c/o Solutran
13305 12th Avenue North
Minneapolis, MN 55441
Fax: 763-559-8872