



## Credit Unions for Kids Donation Reporting Form

### CONTACT INFORMATION

Contact Name \_\_\_\_\_ Date \_\_\_\_\_

Credit Union / Company Name \_\_\_\_\_ Charter Number \_\_\_\_\_

Branch Address \_\_\_\_\_

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

Direct Phone \_\_\_\_\_ Email \_\_\_\_\_

### FUNDRAISER INFORMATION

Your local Children's Miracle Network Hospital \_\_\_\_\_

*If you are unsure, please enter the zip code where the funds were raised. If your fundraiser generated donations for more than one hospital, please include a detailed breakdown with this form.*

Type of Fundraiser:

\$ \_\_\_\_\_  Change Drive

\$ \_\_\_\_\_  Miracle Jeans Day

\$ \_\_\_\_\_  Holiday Icons

\$ \_\_\_\_\_  Golf Tournament

\$ \_\_\_\_\_  Other 1, please describe: **Credit Unions Care- Paper Dog donations**

\$ \_\_\_\_\_  Other 2, please describe \_\_\_\_\_

\$ \_\_\_\_\_ **TOTAL AMOUNT OF DONATION** (payable to your **CMN Hospitals**)

**NOTES OR SPECIAL INSTRUCTIONS (IMPORTANT NOTE! IF ANY OF THESE FUNDS ARE BEING MATCHED BY THE CO-OP MIRACLE MATCH PROGRAM, PLEASE INDICATE NAME OF EVENT/CAMPAIGN AND DOLLAR AMOUNT)**

---

**PLEASE SEND YOUR DONATION TO YOUR CMN HOSPITAL**

**SEND A DONATION REPORTING FORM TO:**

Please mail or e-mail this form to:

Children's Miracle Network  
Attn: Accounting  
205 W. 700 So.  
Salt Lake City, UT 84101  
480-614-9673

If you have questions, please contact Tamra Gaines at 469-385-6642 or [tgaines@cornerstoneleague.coop](mailto:tgaines@cornerstoneleague.coop) or Nick Coleman at 801-214-9523 or [ncoleman@cmnhospitals.org](mailto:ncoleman@cmnhospitals.org).

*On behalf of the kids treated at your local Children's Miracle Network Hospital,  
**THANK YOU** for your generous support.*