



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:

\$ _____ 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 tgaines@cornerstoneleague.coop

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