

Credit Unions for Kids Donation Reporting Form

CONTACT INFORMATION Contact information will be used to clarify any questions regarding donation information submitted. Individual Completing Form ______ Today's Date / / Phone ______ Email ______ **FUNDRAISER INFORMATION** If your fundraiser generated donations for more than one hospital and/or had more than one participating Credit Union, please use the multiple donation detail form attached. All information must be filled out to ensure correct processing of funds. Credit Union Entity to Receive Credit ______ Charter Number _____ Charter Number _____ Branch Address ______ City, State, Zip Benefiting children's hospital ______ State ______ State _____ FUNDRAISING AMOUNT **TYPE OF FUNDRAISER** \$ _____ 🗖 ATM Transaction Fee \$_____ © Coin collection fundraiser \$ _____ Miracle Jeans Day (casual day) fundraiser \$ _____ 🗖 Paper icon fundraiser \$_____ Sponsor an event \$ ______ Other, please describe ______ \$ ______ Other, please describe ______ \$ _____ TOTAL AMOUNT OF DONATION (payable to CMN Hospitals)

NOTES OR SPECIAL INSTRUCTIONS

DONATION AND MAILING INFORMATION
Check Number
Please mail your check (payable to CMN Hospitals) along with this form to:

Children's Miracle Network Hospitals Attn: Accounting – CU4Kids 205 West 700 South Salt Lake City, UT 84101

IMPORTANT NOTICE RE: DISBURSEMENT OF FUNDS TO HOSPITALS

Date Disbursed

Jan. 1 – Mar. 31	May 15
Apr. 1 – June 30	Aug. 15
July 1 – Sept. 30	Nov. 15
Oct. 1 – Dec. 31	Feb. 28

Funds Received



Credit Union for Kids Multiple Donation Detail Reporting Form

Donations and funds raised for more than one hospital, credit union, and/or broken out checks, please use the line items below. All information must be filled out to ensure credit union entity is properly acknowledged and funds are disbursed to the proper children's hospital. Thank you!

Type of Fundraiser				
Benefitting Hospital <i>(Full Name and State)</i>				
Main Office Address				
Charter #				
Credit Union/Company <i>(Full Name)</i>				
Fundraising Amount				
Check # Fundraising (Optional) Amount				

If you have questions, please contact Nick Coleman at (515) 339-1723 or NColeman@cmnhospitals.org

On behalf of the kids treated at your local children's hospital, THANK YOU for your generous support.