



## Credit Unions for Kids Donation Reporting Form 2017

### CONTACT INFORMATION

Contact information will be used to clarify any questions regarding donation information submitted.

Individual Completing Form \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/17

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 \_\_\_\_\_

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

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

Benefitting CMN Hospital \_\_\_\_\_ State \_\_\_\_\_

#### FUNDRAISING AMOUNT:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

#### TYPE OF FUNDRAISER:

Change a Child's Life (coin collection fundraiser)

Miracle Jeans Day (casual day fundraiser)

Shop for Miracles (debit/credit "card" fundraiser)

Holiday Icons (paper icon fundraiser)

Other 1, please describe \_\_\_\_\_

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

**TOTAL AMOUNT OF DONATION** (payable to **CMN Hospitals**)

### NOTES OR SPECIAL INSTRUCTIONS

\_\_\_\_\_

### DONATION & 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

Funds Received	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

If you have questions, please contact Joe Dearborn at (480) 614-9673 or [jdearborn@CMNHospitals.org](mailto:jdearborn@CMNHospitals.org)

**ON BEHALF OF THE KIDS TREATED AT YOUR LOCAL CHILDREN'S MIRACLE NETWORK HOSPITAL,  
THANK YOU FOR YOUR GENEROUS SUPPORT.**



## Credit Unions for Kids Multiple Donation Detail Reporting Form 2017

For fundraisers generating donations for more than one hospital and/or facilitated by more than one Credit Union, or for multiple checks and donations, 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 proper CMN Hospital. Thank you!

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

\*If you have questions, please contact Joe Dearborn at (480) 614-9673 or [jdearborn@CMNHospitals.org](mailto:jdearborn@CMNHospitals.org).

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