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 _______________________________________________________________
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 __________________________________________________________________________________________________
Benefiting 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)
$ ___________________ □ Winter icons (paper icon fundraiser)
$ ___________________ □ Skip-A-Payment (loan skip payment fundraiser)
$ ___________________ □ ATM Transaction Fee
$ ___________________ □ Give on the Go/Digital/Home Banking Fundraising
$ ___________________ □ Other 1, please describe ____________________________________________
$ ___________________ □ Other 2, 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

<table>
<thead>
<tr>
<th>Funds Received</th>
<th>Date Disbursed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan. 1 – Mar. 31</td>
<td>May 15</td>
</tr>
<tr>
<td>Apr. 1 – June 30</td>
<td>Aug. 15</td>
</tr>
<tr>
<td>July 1 – Sept. 30</td>
<td>Nov. 15</td>
</tr>
<tr>
<td>Oct. 1 – Dec. 31</td>
<td>Feb. 28</td>
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</tbody>
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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 Miracle Network Hospital,
THANK YOU for your generous support.