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 ______________
Branch Address ___________________________________________________________________________
City, State, Zip __________________________________________________________________________
Benefiting children’s hospital ____________________________________________________________ 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 ________________________________________________
$ ____________________ ☐ 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

<table>
<thead>
<tr>
<th>Funds Received</th>
<th>Date Disbursed</th>
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<tbody>
<tr>
<td>Jan. 1 – Mar. 31</td>
<td>May 15</td>
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<tr>
<td>Apr. 1 – June 30</td>
<td>Aug. 15</td>
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<td>July 1 – Sept. 30</td>
<td>Nov. 15</td>
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<td>Oct. 1 – Dec. 31</td>
<td>Feb. 28</td>
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If you have questions, please contact Nick Coleman at (515) 339-1723 or NColeman@cmnhospitals.org
Credit Unions for Kids
benefiting
Children's Miracle Network Hospitals

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!

<table>
<thead>
<tr>
<th>Check # (Optional)</th>
<th>Fundraising Amount</th>
<th>Credit Union/Company (Full Name)</th>
<th>Charter #</th>
<th>Main Office Address</th>
<th>Benefitting Hospital (Full Name and State)</th>
<th>Type of Fundraiser</th>
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*On behalf of the kids treated at your local children’s hospital, THANK YOU for your generous support.*