



**Children's
Miracle Network
Hospitals**

Children's Miracle Network Hospitals Fundraising Remittance Form

- Make sure all of your contributions are in check or money order form (cash will not be accepted)
- Make sure all contributions are made payable to Children's Miracle Network Hospitals
- WRITE YOUR CHAPTER NAME ON ALL CHECKS OR MONEY ORDERS**
- Fill out the attached check register and submit it with this form. ***Submit copies of all checks or money orders as well.***
- Submit all money and documentation within two (2) weeks of your fundraising event

Chapter Name (collegiate or alumnae): _____

Event Name: _____

Event Date: _____

Person Submitting Form (name): _____

Phone Number: _____

Email Address: _____

Total Submitted: \$ _____

Total Number of checks or money orders submitted: _____

Please mail this form and your contributions to:

**PHI MU FOUNDATION
ATTN: CMNH PROCESSING
400 Westpark Drive
Peachtree City, GA 30269**



Note: all Children's Miracle Network Hospital funds raised during each calendar year must be remitted to Phi Mu foundation by December 31st

