**THANK YOU** **for your participation in the
Phi Kappa Theta – CMN Hospitals Challenge 2021!**

**Please submit this form with your chapter’s fundraising check(s) to CMN Hospitals Headquarters:**

Attn: Children’s Miracle Network Hospitals

205 West 700 South

Salt Lake City, UT 84101

Please include your chapter name in the Notes/Memo Section of your check! Cash is NOT an acceptable payment to send through USPS.
***Example: Arizona State: AZ - Alpha Zeta***

**All funds must arrive by December 31, 2021.**

**Chapter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chapter Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Chapter Rep. Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chapter/Organization Complete Mailing Address (Address/City/State/Postal Code):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**GRAND TOTAL AND CHECK AMOUNT: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Attach check to form and mail in to address above. All funds must arrive no later than Dec. 31, 2021.*

Once the funds are received, they will be disbursed on a quarterly basis to your local children’s hospital. Your fundraising is vital as we work to change kids’ health and change the future, together.

Thank you!

If you have questions about how to complete this money handling form or any other questions about CMN Hospitals, please contact Bret Koch (bkoch@cmnhospitals.org) – Greek Partners contact for

Children’s Miracle Network Hospitals.