



## How to Obtain a Tax Receipt for Your Children's Hospital Donation

Email this form AND a copy of your register receipt to:

[taxreceipts@cmnhospitals.org](mailto:taxreceipts@cmnhospitals.org)

Please include the following information (print or type):

First and Last Name: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Amount of Donation: \_\_\_\_\_

Date of Donation: \_\_\_\_\_

For questions please email [taxreceipts@cmnhospitals.org](mailto:taxreceipts@cmnhospitals.org).

Thank you for supporting your local member of Children's Miracle Network Hospitals!