



**Children's  
Miracle Network  
Hospitals**

# MAOTeen National Platform Donation Form

Paper check mail-in form

Children's Miracle Network Hospitals® & MAOTeen Information for: \_\_\_\_\_ (State)

Donor Name: \_\_\_\_\_ Phone #: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Contestant Name: \_\_\_\_\_

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

Donation Amount: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_

## Checks made payable to: Children's Miracle Network Hospitals

\*Please include Contestant Name on check (ex. on memo line)

Mail this form & check to: Children's Miracle Network Hospitals

Miss America Scholarship Accounting

205 West 700 South

Salt Lake City, UT 84101

If you have any questions call Children's Miracle Network Hospitals at (801) 214-7400

Or email [supportmissamerica@cmnhospitals.org](mailto:supportmissamerica@cmnhospitals.org)