

Miss America National Platform Donation Form

Paper check mail-in form

Donor Name: _____ Phone#: () ____ - ____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Contestant Name: _____

Pageant: _____ State: _____

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 questions please call Children's Miracle Network Hospitals at (801) 214-7400,
email support@missamericaforkids.org or contact
Kirk Ryder, Dir. Field Marketing & Liaison to Children's Miracle Network
at (702) 509-1521, or kirk@missamerica.org

