



Children's Miracle Network

Trees may be our most important renewable resource, but Kids are our most precious resource!

Log A Load For Kids is a nationwide giving campaign through which the forestry community contributes to local hospitals affiliated with the Children's Miracle Network (CMN) to provide medical care to children whose families cannot pay for treatment. Children's hospitals affiliated with the Children's Miracle Network are pledged to provide services regardless of a patient's ability to pay. Contributions through Log A Load For Kids help meet the financial deficits that can be created by fulfilling this pledge. Fundraising campaigns can also be dedicated to special projects, such as the purchase of a piece of medical equipment or underwriting the expense of a specialized clinic.

One hundred percent of all contributions go to local CMN Hospitals – overhead expenses are contributed separately by sponsoring associations, the Children's Miracle Network Hospitals, and corporate and private underwriting. Log A Load For Kids is one of the top major CMN Hospitals contributors.

Put your money where the Miracles are. Give today. Your donation in any amount will fully support the CMN's efforts in literally working miracles for our Kids! Please check the hospital(s) you wish to support with your contribution, and the amount of your donation (payable to Florida Forestry Association, PO Box 1696, Tallahassee FL 32302):

\$1,000 \$500 \$250 \$100 Other \$ _____

- The Studer Family Children's Hospital at Sacred Heart
- UF Health Shands Children's Hospital
- UF Health Jacksonville and Wolfson Children's Hospital
- Arnold Palmer Hospital for Children
- John Hopkins All Children's Hospital
- Nicklaus Children's Hospital

Please include the following information so we may appropriately recognize your contribution:

Name _____ Company (if applicable) _____

Address _____ City _____

State _____ Zip _____ Phone # _____ Email _____

If you wish to make a contribution *In Honor Of* **OR** *In Memory Of* someone, please provide the following information so that we may notify the recipient or family:

In HONOR OF In MEMORY OF _____

Address/City/State/Zip (include c/o (if applicable)): _____
