



GOLF TOURNAMENT

Benefitting the
Kristin Renee Cantrell Hill Endowment Fund
at Atrium Medical Center Foundation



January 20, 2025

Dear Friend:

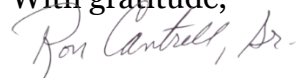
Thank you so much for considering a donation in support of the *Kristin Renee Cantrell Hill Endowment Fund* at the Atrium Medical Center Foundation. Our third annual golf tournament will take place on Sunday, September 21st, 2025, at Fairfield Golf Course. We would welcome your donation of an item to raffle off at the outing.

Kristin was diagnosed with an inoperable brain tumor just after her 43rd birthday. She passed away 17 days following her diagnosis. In 2022, Kristin's family created an endowment at the Atrium Medical Center to provide funding for care and program assistance for neurology patients with brain tumors, as well as to provide scholarships to nursing students at Ohio University with preference being given (when possible) to a Badin High School graduate.

The Atrium Medical Center Foundation is honored to house the endowment fund bearing her name and is committed to honoring her legacy. When a patient needs help, Kristin's endowment will help alleviate their financial stressors so they can focus on themselves and their families.

Donations will be processed directly by the Atrium Medical Center Foundation in support of the Kristin Renee Cantrell Hill Memorial Endowment Fund and are tax deductible to the extent permitted by law. Please fill out the attached in kind donation form and reach out to us to confirm a time to pick up the donation. We ask that donations be received by September 13th.

If you have any questions, please don't hesitate to reach out to any one of us. We appreciate your consideration of support. For additional information or to make a donation, go to <https://GolfForKristin.GiveSmart.com>.

With gratitude,


Ron Cantrell, Sr.
Up to the Sky
UpToTheSkyEndowment@gmail.com



Ron Cantrell, Jr.
Up to the Sky



Craig Cantrell
Up to the Sky



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FORM FOR VALUATION OF IN-KIND DONATIONS TO ATRIUM MEDICAL CENTER FOUNDATION

DESCRIPTION OF GIFT(S):

ESTIMATED VALUE OF GIFT(S): \$ _____

PURPOSE/USE/DESIGNATION FOR GIFT(S):

To help raise funds for the Kristin Renee Cantrell Hill Endowment.

DONOR NAME *(For recognition purposes):*

POINT OF CONTACT *(If different from Donor Name):*

ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE NUMBER:

EMAIL:

ATRIUM MEDICAL CENTER FOUNDATION PRESIDENT SIGNATURE

DATE

Please provide form with donation at time of pick up or return form to:

Atrium Medical Center Foundation

One Medical Center Drive

Middletown, OH 45005

Foundation@AtriumMedCenter.org

(513) 974-5144