



GOLF TOURNAMENT

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



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