116 Nelson Drive
Lawrenceburg, IN 47025
(513) 399-7836
www.LaurensFightForCure.com

1/2/2026

Dear Community Partner,

On behalf of Lauren's Fight for Cure Foundation, I am reaching out to invite you to partner with us through an in-kind donation for our inaugural **Sham-Rockin for a Cure** event to be held on **Saturday, March 14, 2026**. Sham-Rockin is a community celebration with a powerful purpose—raising critical funds to support patients battling terminal pediatric brain cancer, while also funding cutting-edge research in the fight for a cure. Proceeds from our **silent auction and raffles** play a vital role in helping us to extend direct assistance to families facing overwhelming medical and financial challenges.

We would be honored to include an in-kind donation from your business, such as gift cards, merchandise, services, experiences, or themed baskets. Your generosity will directly impact families in need while also providing meaningful visibility for your business.

Lauren's Fight for Cure Foundation was established in memory of Lauren Hill and is driven by a simple but powerful belief: *no family should fight alone*. Every donation—large or small—helps us continue Lauren's legacy of hope, compassion, and action we call Playing it Forward.

All donations must be picked up or delivered by: Thursday, March 5, 2026.
Delivery to my direct address for auction packaging: 1462 Fairway Drive, Lawrenceburg, IN 47025

Please complete attached form and return it with donated items for processing and to acknowledgement letters.
Special Request, that all **Gift Certificate and Cards be valid for at least one year – March 14, 2027.**

Thank you for considering supporting Sham-Rockin for a Cure. If you have any questions or would like to coordinate a donation, please feel free to contact me directly at **(513) 652-1158** or Lisa@LaurensFightForCure.com .

With sincere appreciation,

Lisa Hill-Fenstermaker
Founder, Treasurer and Lauren's Mom
Lauren's Fight for Cure Foundation

IN-KIND DONATION FORM

Please return this form via email or with your donated item.

Business Name: _____

Mailing Address: _____

City: _____, State: _____ Zip Code: _____

Contact First Name: _____ Last Name:_____

Phone: _____ Email: _____

Item(s) being Donated (description): Estimated Retail Value: $_____

Restrictions or Expiration Dates (if any): Please make all certificates valid for 1 year – March 14, 2027.

Preferred Method of Donation:

☐ Item will be picked up
☐ Item will be dropped off
☐ Digital delivery (gift card / certificate)

Acknowledgment Letter:

☐ I would like an acknowledgment letter for tax purposes.
☐ No acknowledgment letter needed.

Donation Value (for tax acknowledgment): $_____

Authorized Signature: _____ **Date:** _____

Thank you for supporting our fundraiser and helping ensure no family fights alone.