



Vacation Donor Form

**The Karen Wellington Foundation
for LIVING with Breast Cancer**

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

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Vacation Location _____

Address _____

City _____ State _____ Zip _____

Dates Available _____

Dates Not Available _____

Any Restrictions _____

Description (i.e. house, condo, timeshare, number of bedrooms/bathrooms, etc.)

Other interesting or fun activities in the area _____

Include, Website, VRBO # or photos of the property _____

Please return to:

KarenWellingtonFoundation@gmail.com

Lisa Farrell, 5090 Bouchaine Way, Cincinnati, OH 45208