



Vacation Home Donor Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

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 _____

Thank you for your donation.

We will match your vacation spot with a Recipient on our waiting list
and will contact you to make arrangements.

Please return to:

KarenWellingtonFoundation@gmail.com
Lisa Farrell, 5090 Bouchaine Way, Cincinnati, OH 45208
513-884-0651

karenwellingtonfoundation.org



**Donate your airline miles, concert or
theatre tickets, sporting event tickets...**

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Donation: _____

Date: _____

Description: _____

**We will match your vacation spot with a Recipient on our
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Thank you for your donation.

**The Karen Wellington Foundation
for LIVING with Breast Cancer
501(c)(3) #26-3768567**