



## Vacation Home Donation Form

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### VACATION HOME INFORMATION:

House     Condo     Timeshare

Name of your home: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates Available \_\_\_\_\_

Dates Not Available \_\_\_\_\_

Any Restrictions \_\_\_\_\_

Bedrooms (number) \_\_\_\_\_ Baths (number) \_\_\_\_\_

Other interesting or fun activities in the area \_\_\_\_\_

Website, VRBO # or photos of the property: \_\_\_\_\_

Thank you!

We will contact you with next steps and to discuss our process as we match a deserving family LIVING with breast cancer to your home.

Please return to: [vacations@karenwellingtonfoundation.org](mailto:vacations@karenwellingtonfoundation.org)

- OR -

Vacation Home Donation  
The Karen Wellington Foundation for LIVING with Breast Cancer

PO Box 54271

Cincinnati, Ohio 45255

- OR -

May be submitted online: [www.karenwellingtonfoundation.org/vacation-nomination](http://www.karenwellingtonfoundation.org/vacation-nomination)