



## Vacation Donor Form

The Karen Wellington Foundation  
for LIVING with Breast Cancer

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 worthy Recipient of the Foundation  
and will contact you to make arrangements.

**Please return to:**

KarenWellingtonFoundation@gmail.com  
Lisa Farrell, 5090 Bouchaine Way, Cincinnati, OH 45208