TIME SHARES FOR VETS

DONATION APPLICATION

DONOR INFORMAT	ON:	П
Name		П
Address		
City, State, Zip		
	Alt. Phone #	
Email Address		
NAME OF RESORT:		
	·	
☐ United States	Country	
Fixed Week?	es 🗆 No Multiple Weeks 🗎 Yes 🗆 No	
Week #	Dates for Current Year	
Start Date	End Date:	
Floating Week?		á
Points		
MEMBER OF TIME	HARE ORGANIZATION:	1
☐ RCI ☐ Interva	International (II)	
5	osited through (Resort, RCI, II for example): Contact Number	
TYPE OF UNIT:		
How many bedrooms	? Sleeps how many?	
Handicap accessible		
Pets allowed Y	es 🗆 No Smoking allowed 🗆 Yes 🗆 No	
Child Friendly	es □ No Handican Accessible □ Yes □ No	

OTHER CONTRIBUTIONS:

Monet	ary contributions:	
	For travel expenses for the Veteran \$	
	For use towards expenses of Time Share \$	
☐ For use towards self help material for veterans & their family \$		
DONA	TION OF AIR MILEAGE POINTS:	
Air mil	es donated:	
Name of Airline # of Miles		
Contac	ct name and number of Airlines	
	I hereby give permission for my Time Share and/or Donation to be used	
	for the Time Shares for Vets Program.	
Signat	ure Date	

By signing this application and donating your time share, you are aware that the donation is strictly for the use of and time frame selected. The ATFT Foundation, Success Mastermind Alliance, or any other organization or individual are not responsible for yearly taxes and fees, insurances or repairs and maintenance costs associated with owning a time share, nor are they assuming ownership of your time share.

All donations will be made to the ATFT Foundation, a California non-profit, public benefit corporation and 501 (c) (3). 100% of your contribution will be used towards your designation above.

Please fax this form to 760-347-0934



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