

SISTERHOOD 4 VETS, INC.

Donor Accommodation Form

I/We pledge our timeshare or vacation home in support of the Sisterhood 4 Vets, Inc. mission to provide vacation accommodations to eligible female veterans residing in the Commonwealth of Pennsylvania.

Resort Name _____ Vacation Home _____

Street address _____

City _____ State _____ ZipCode _____

Availability Date _____ How many days _____

Accommodations (# bedrooms) _____ Accommodating (# people) _____

Timeshare/Vacation home disable accessible Yes _____ No _____

Timeshare/Vacation Home Affiliation RCI _____ Interval International _____

Is your timeshare maintenance fee paid Yes _____ No _____

Exchange Fee \$ _____ Guest Certification Fee \$ _____ Exchange Ins. Fee \$ _____

Donor will pay fees Yes _____ No _____

This timeshare/vacation home is given in memory of or in honor of

Donor's Name _____

Address _____

City _____

State _____ Zip _____

Home Telephone _____ Mobile telephone _____

Email Address _____

Signature _____ Date _____

Thank you for your pledge