

# TIME SHARES FOR VETS DONATION APPLICATION



## DONOR INFORMATION:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # 1 \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

**NAME OF RESORT:** \_\_\_\_\_

Location – City & State \_\_\_\_\_

United States       Country \_\_\_\_\_

Fixed Week?     Yes     No      Multiple Weeks     Yes     No

Week # \_\_\_\_\_      Dates for Current Year \_\_\_\_\_

Start Date \_\_\_\_\_      End Date: \_\_\_\_\_

Floating Week? \_\_\_\_\_

Points \_\_\_\_\_



## MEMBER OF TIME SHARE ORGANIZATION:

RCI     Interval International (II)     Other \_\_\_\_\_

Who is the week deposited through (Resort, RCI, II for example):

\_\_\_\_\_ Contact Number \_\_\_\_\_

## TYPE OF UNIT:

How many bedrooms? \_\_\_\_\_      Sleeps how many? \_\_\_\_\_

Handicap accessible? \_\_\_\_\_

Pets allowed     Yes     No      Smoking allowed     Yes     No

Child Friendly     Yes     No      Handicap Accessible     Yes     No

**OTHER CONTRIBUTIONS:**

Monetary contributions:

- For travel expenses for the Veteran \$ \_\_\_\_\_
- For use towards expenses of Time Share \$ \_\_\_\_\_
- For use towards self help material for veterans & their family \$ \_\_\_\_\_

**DONATION OF AIR MILEAGE POINTS:**

Air miles donated: \_\_\_\_\_

Name of Airline \_\_\_\_\_ # of Miles \_\_\_\_\_

Contact 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.***

Signature \_\_\_\_\_ 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 1-760-347-0934**



**Contact Information: [sheila@atft.org](mailto:sheila@atft.org)**

