CARIBBEAN HOTEL AND TOURISM ASSOCIATION
EDUCATION FOUNDATION

www.chtaeducationfoundation.com

HOTEL STAY DONATION FORM

This certificate entitles the bearer to:

Country: _____ **Property:** _____

_____ **# Nights stay consisting of:**
(minimum 3)

☐ All-Inclusive ☐ Only Room, Tax & Service Charges ☐ Breakfast
☐ Other, Specific F&B included _____
_____
☐ Other Inclusions / Details _____
_____
_____

Valid for stays April 21, 2012 Thru April 20, 2013, (or as noted)
Excluding Black-Out dates of: _____

*Approximate realistic market value of this prize, for use in auction description and bidding purposes $*_____

Property Name: _____
Address: _____
Telephone: _____ Fax: _____
Email: _____
Website: _____

NOTE: All stays are based upon "space available" basis as dictated by the hotel. Recipient to contact the property directly or _____ to book their stay, and must present this certificate upon arrival.

Authorized by: (Name) _____ Date: _____
Signature: _____ Title:_____

I'd like to double my donation, and give the same prize for next year's auction, with valid dates of April 6, 2013-April 5, 2014 (Initials) _____

Notes to Hotel Donor - Please do one of the following:
- Hand completed form to National Hotel Association Personnel or CHTAEF Voulunteer.
- Mail completed form to CHTAEF 2655 Lejeune Rd., Suite 910 Coral Gables, FL 33134
- Email to janet.foundation@caribbeanhotelandtourism.com
- Fax to CHTAEF at 305-716-9138

Countersigned by

CHTAEF, By: _____
Print Name Signature

Date: _____