

**Laura Recovery Center
Gala Accomodations Donation Form**

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

DAYTIME PHONE NUMBER _____

ITEM DONATED _____

ADDRESS _____

DATES AVAILABLE (BE SPECIFIC) _____

DESCRIPTION OF ACCOMODATIONS _____

MAXIMUM CAPACITY _____

SLEEPING ACCOMODATIONS: NUMBER OF BEDROOMS _____

_____ TWIN BEDS

_____ QUEEN BEDS

_____ KING BEDS

_____ OTHER

BATHROOMS _____ PARKING AVAILABLE FOR _____ VEHICLES

DESCRIBE KITCHEN FACILITIES (Fully equipped, efficiency, etc.) _____

OTHER SPECIAL FEATURES _____

RESTRICTIONS, IF ANY, PLEASE MARK "YES" OR "NO"

_____ SMOKING ALLOWED

_____ PETS ALLOWED

_____ HANDICAPPED ACCESSIBLE

OTHER SPECIAL RESTRICTIONS _____

PLEASE ATTACH PHOTO(S) OF PROPERTY